DISSERTATION ON

"ALCOHOLISM RELATED PSYCHOLOGICAL TRAUMA AND PSYCHIATRIC DISORDERS IN WIVES OF ALCOHOLICS"

Dissertation submitted to

THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY

In partial fulfilment of the regulations

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I , **Dr.R.SEKAR** , solemnly declare that the Dissertation titled **"**ALCOHOLISM RELATED PSYCHOLOGICAL TRAUMA AND PSYCHIATRIC DISORDERS IN WIVES OF ALCHOHOLICS **"** is a bonafide work done by me at Thanjavur Medical College Hospital , Thanjavur from April 2014 to September 2014 under the guidance and supervision of **Prof . Dr .S. ILANGOVAN, M.D., (Psy)** Department of Psychiatry, Thanjavur Medical College, Thanjavur. This Dissertation is submitted to "THE TAMILNADU M.G.R. MEDICALUNIVERSITY CHENNAI " **,**towards partial fulfillment for the award of MD.(Psychiatry) BRANCH – XVIII.

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submitted by Dr. R. Sekar of

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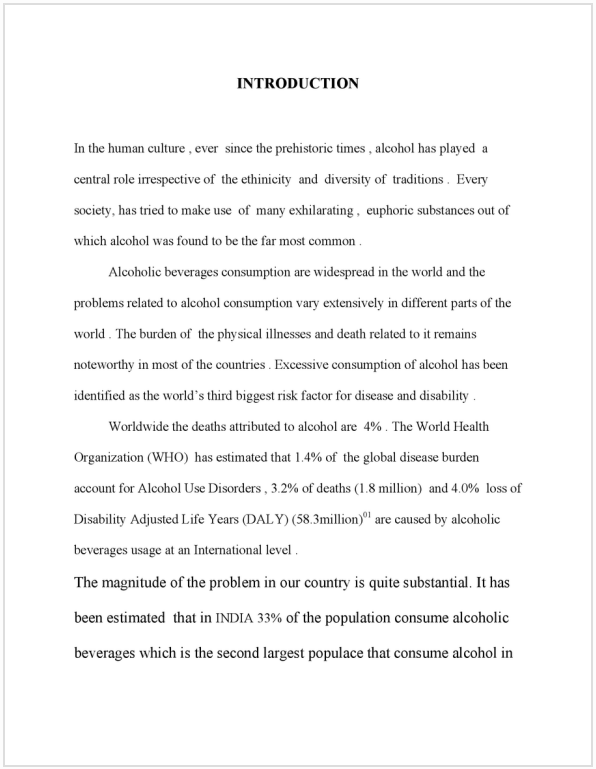


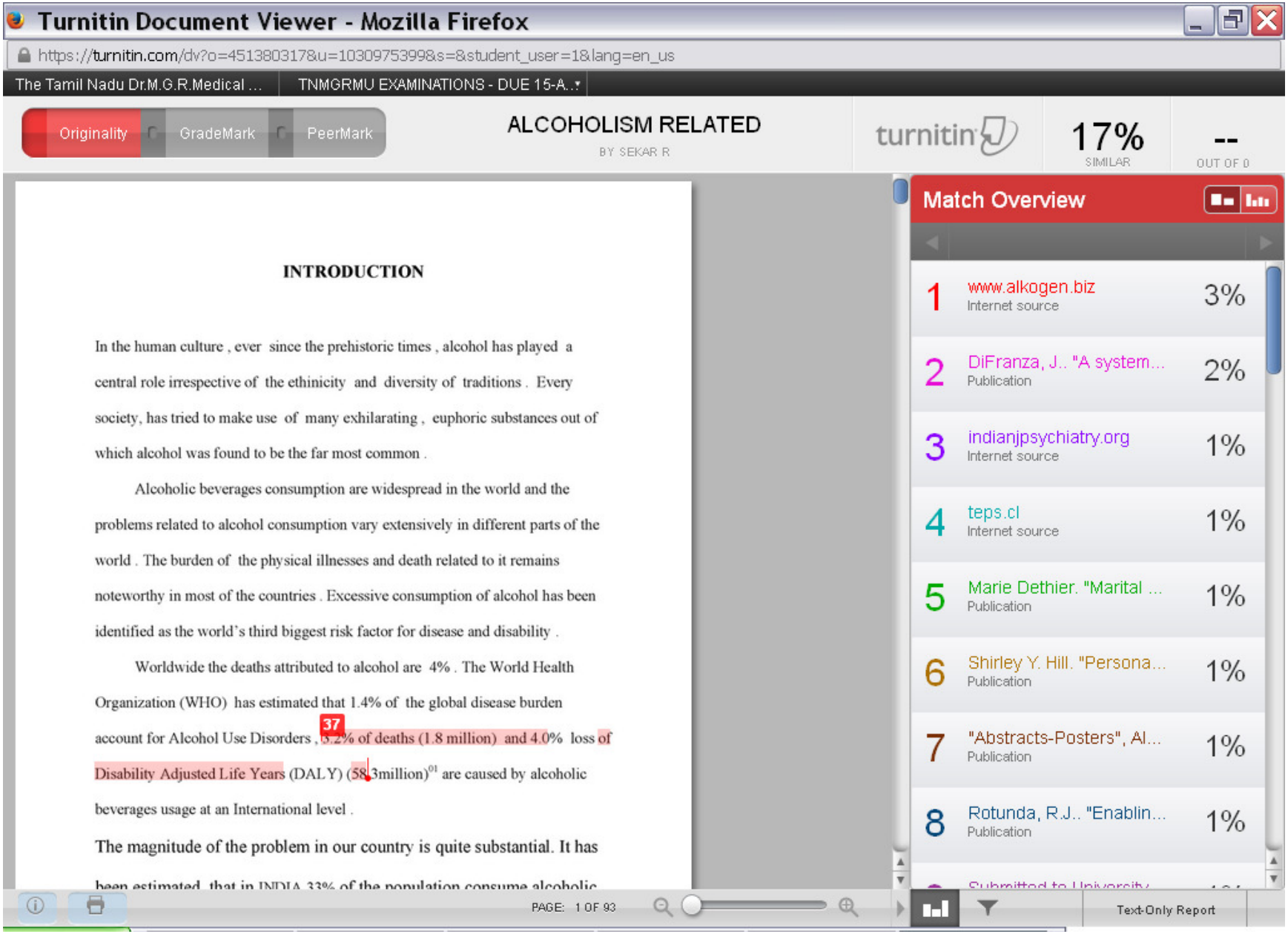
INTRODUCTION

In the human culture , ever since the prehistoric times , alcohol has played a central role irrespective of the ethinicity and diversity of traditions . Every society, has tried to make use of many exhilarating , euphoric substances out of which alcohol was found to be the far most common .

Alcoholic beverages consumption are widespread in the world and the problems related to alcohol consumption vary extensively in different parts of the world . The burden of the physical illnesses and death related to it remains noteworthy in most of the countries . Excessive consumption of alcohol has been identified as the world's third biggest risk factor for disease and disability .

Worldwide the deaths attributed to alcohol are 4% . The World Health Organization (WHO) has estimated that 1.4% of the global disease burden account for Alcohol Use Disorders , 3.2% of deaths (1.8 million) and 4.0% loss of Disability Adjusted Life Years (DALY) (58.3million)[01] are caused by alcoholic beverages usage at an International level .

The magnitude of the problem in our country is quite substantial. It has been estimated that in INDIA 33% of the population consume alcoholic beverages which is the second largest populace that consume alcohol in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ABBREVIATIONS

ICD - International Classification of Diseases

PGWBI - Psychological General Well Being Index

HAM-D - Hamilton Depression Rating Scale

HAM-A -Hamilton Anxiety Rating Scale

WA - Wives of Alcoholics

SW - Skilled Workers

USW - Unskilled Workers

SDP - Socio Demographic Profile

LSES - Low Socio Economic Status

MSES - Moderate Socio Economic Status

HSES - High Socio Economic Status

(DAS) - Dyadic Adjustment Scale Social Drinking Scale (SDS)

(MQS) - Marital Quality Scale (MQS)

(BDI) - Becks Depression Inventory (BDI)

ABSTRACT

Background : Alcohol Dependence Syndrome has harmful consequences not only on the patient with Alcohol Dependence Syndrome but also on the family . The wife of the patient who is the key member in such a family is most vulnerable to have considerable Psychiatric disorders. The psychopathology in wives of patients with Alcohol Dependence Syndrome is a largely neglected area in psychiatric research.

Aims: To assess the psychological well being of the wives of patients with Alcohol Dependence Syndrome , to evaluate the frequency and nature of Psychiatric disorders prevalent in wives of patients with Alcohol Dependence Syndrome and also to study the socio demographic variables.

Methods : A total of 60 wives of patients with Alcohol Dependence Syndrome were evaluated. Tools used were ICD-10 (International classification of mental and behavioral disorders Clinical,10^{th} revision,) for diagnosing Alcohol Dependence syndrome .The Psychological wellbeing was assessed using the Psychological Well Being Index Scale .The severity of psychopathology was assessed using the Hamilton Depression Rating Scale and Hamilton Anxiety Rating Scale. A semistructured profoma was used to assess the Sociodemographic profile in wives of Alcohol Dependence Syndrome .

Results: On screening with the Psychological Well Being Index scale it was found that 72% of the wives of patients with alcohol dependence syndrome were suffering from psychological distress .This 72% of the wives were assessed for the prevalence of Psychiatric disorders using the Hamilton Depression Rating Scale and Hamilton Anxiety Rating Scale .The results revealed that wives were suffering considerable psychiatric disorders . 43% of them were suffering from Depression of a moderate category , 12% with mild depressive episode , and 3% with severe depressive episode . 6 % had severe Anxiety disorder 8% and had moderate Anxiety disorder . Depression is the most common diagnosis in the wives of patients with Alcohol Dependence Syndrome.

Conclusion: The present study concludes that the wives of patients with Alcohol Dependence Syndrome have significant psychiatric morbidity , as most them were subjected to constant psychological distress because of the husband's behavior due to alcoholism . To achieve good results in the De-addiction treatment , it is always beneficial to pay attention to the psychological well being of the wives and treat the psychiatric morbidity in them effectively , because they play an important role in the De-addiction treatment .

Key words : Wives of patients with Alcohol Dependence Syndrome, Psychological well being , Psychiatric morbidity.

INTRODUCTION

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population consume alcoholic beverages which is the second largest populace that consume alcohol in the whole world and the distressing part of it is , it keeps rising progressively . In INDIA about 20% of all disability-adjusted life years (DALY) are lost primarily because of issues like ‘ high occurrence of alcohol dependence among people [02] , “poor healthiness in people” and “noticeable Malnutrition”.

Alcohol abuse attributes to a number of physical , psychological and social problems. Physical consequences include many organic illnesses such as, liver cirrhosis , liver malignancies, Cardiovascular diseases, Neurological disorders, and esophageal tumors are a very few to be mentioned . Psychological consequences include Depression, Anxiety, Alcohol induced Psychosis , increased frequency in suicidal attempts, violence and crime . Social consequences include road traffic accidents , spouse abuse , and many unscrupulous anti -social activities .

Alcoholism in due course leads to many devastating outcomes .It wipes out human lives mercilessly or renders them inoperative at a fairly juvenile age, resulting in physical disability, ultimately leading to a reduction of many years of worthy life and not infrequently even death due to a wide spectrum diseases.

The International Classification of Diseases, tenth revision– Diagnostic Research Criteria (ICD-10 DCR) provides a precise criteria for the diagnosis of Alcohol Dependence Syndrome [3].

The Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision (DSM-IV TR) has defined dependence as a cluster of cognitive, behavioural and physiological symptoms indicating that the individual continues use of the substance despite significant substance-related problems[7].

Alcoholism, is a broad term which also denotes an addictive drinking of alcohol . In the ongoing process of addiction there is a characteristic pattern of abusing the intoxicating substance again and again that can result in tolerance, in which is euphoria experienced would not be the same as it used to be in early days of drinking. Increased in quantity of the addictive substance might be required to acheive the state of well being that had occurred previously in smaller quantities. Most of the time the alcohol user suffers withdrawal symptoms when alcohol level in them drops. It includes from mild physical symptoms like tremors of hands , to severe symptoms like seizures , commonly termed as withdrawal seizures. There tends to be a compulsive pattern of drug taking behavior in addictive drinking . At one point of time the alcoholic will indulge in drinking larger amounts or over a longer period than was intended . His

efforts to either abstain from drinking alcohol or cutting down the amounts of alcohol intake will seem to be a never-ending failure. He might spent a great deal of time in search for the potently addictive drug alcohol . He might miss the important social , occupational , or recreational activities because of his alcohol abuse . Despite being aware of the fact that his drinking habits have led him to a lot of miserable consequences in life , the people with alcohol dependance problem never seem to put an end to their malpractices . For example they might have suffered a severe Jaundice because of alcoholism , a road traffic accident , a psychotic transformation , nevertheless they continue to drink . The DSM V TR throws light on these aspects in making a diagnosis of alcohol Dependance syndrome .

Alcohol abuse and dependence are associated with multiple life problems and challenges and augment the risk for a wide range of morbidities and premature death. Alcohol Dependence Syndrome is one of the most widespread psychiatric disorders prevailing in the general population with a considerable impact on public health. A sizeable amount of scientific research for evaluation of Alcohol Dependence Syndrome has been carried out over the past 40 years.

Generally when a person contracts a diease like Diabetes , Hypertension , or even Cancer it is the person alone who suffers from the

disease is affected , but this is not the case in a person who is afflicted with alcohol dependence syndrome . Alcoholism can affects a person physically , mentally , socially and even spiritually.

Alcohol Dependence Syndrome should be considered as a disorder of the family. It has lethal consequences not only on the patient with Alcohol Dependence but also on the members of his family.

The wives of patients with Alcohol Dependence Syndrome are obviously the severly affected people on most occasions .They are the core members of the family system. They are forced to undergo innumerable troubles such as frequent quarrels in the family because of the disgusting behaviours of the husbands under the influence of alcohol.

Many of them experience hardships and humiliations because of economical deprivation . A disruption in the interpersonal relationships in the family rapidly takes place . A lack of sexual intimacy occur between the couple as a result of the husbands' alcohol use . This also can be the one of the main causes for the wives suffering and can result in great psychological distress to them .

Owing to these kind of ongoing stressful factors ,the wives always get worried become desperate and about their entire life . The future of their children appear fruitless . Some of the wives are often beaten up cruelly by their intoxicated husbands and get verbal abuse from them for

no valid reasons that make them shrink out of shame . Such distressing events in life causes a trauma to the mind of the wives ie the " Psyche " (in Greek) . As they are subjected to endless troublesome experiences they eventually end up in Psychological trauma or in other words a disruption to the Psychological well being . They often have the feeling that their lives have become meaningless and their future is dark . Some of them have even been pushed to the extreme of attempting suicide which reflects the intensity of their psychological distress they might have undergone . Hence the wives are more prone to be affected with psychiatric disorders like Mood disorders , Anxiety disorders , medical illnesses and psychosocial problems . [8.] There are many research reports on the coping behavior, personality characteristics, quality of matrimonial life , psychological well being in wives of persons with alcohol use disorders [9].

However, the psychiatric morbidity in wives of patients with Alcohol Dependence Syndrome is comparitively neglected area in Psychiatric research.

The psychological well being of the wives of patients with Alcohol Dependance Syndrome is generally overlooked by the health care professionals.

AIMS AND OBJECTIVES OF THE STUDY

1. This study is aimed at assesing the Psychological well being in the wives of patients with Alcohol Dependence Syndrome .

2. To study the occurrence of Psychiatric disorders in the wives of patients with Alcohol Dependence Syndrome .

3. To study the socio -demographic profiles in the wives of patients with Alcohol Dependence Syndrome.

4. To examine the frequency and nature of psychiatric disorders in wives of patients with Alcohol Dependence Syndrome and its association with the socio demographic variables.

REVIEW OF LITERATURE

PSYCHOPATHOLOGY IN WIVES OF PATIENTS WITH ALCOHOL DEPENDENCE SYNDROME .

Alcoholism is a major public health problem around the world. The magnitude of the problem in our country is reported that India has the second largest population in the world, with 33% of its population consuming alcohol .It is also a matter of concern that the annual rise in consumption is substantial according to the latest information by World Health Organization.

Traditionally, studies on problems associated with alcohol have focused only on the individual consuming alcohol. There is a remarkable scarcity of studies on the impact husband's alchoholic behavior on the spouses in psychiatric literature ,although often it has been reported in public media.

Alcoholism is considered as an ongoing stressor, not only for the individual, but also for family members as well. Spouses are particularly affected particularly because of the intimate nature of their relationship and the constant exposure to the repulsive behavior of the alcoholic.

The negative social consequences of alcohol consumption and stressful life events might trigger psychological, biological, behavioral responses, which interact and diminish the individual's ability to adapt leading to emotional distress reactions and thereby increasing the likelihood of psychological trauma and psychiatric disorders .

Most often it is the wives of patients with Alcohol dependence who are subjected to physical, verbal or sexual kind of domestic violence. Inadequate marital satisfaction, poor coping skills, economic burdens , disgrace faced from the society , deprivation of the social support , are the other major issues among the wives. Though significant levels of psychological distress seem to be apparent from such factors, unfortunately, very few studies have specifically explored this, in Western and Indian researches. Those studies, which have looked into these factors have revealed that there were high rates of psychiatric morbidity especially mood and anxiety disorders in the spouses of alcoholics. As their psychological well-being is compromised due to psychological trauma , these wives lack sufficient coping skills , this affects her roles as a mother, as a sister, a homemaker and of course as a wife even in an unfavorable manner , eventually upsetting family’s cheerfulness and harmony.

In a study conducted by Rae and Forbes [10] who evaluated the clinical and psychiatric characteristics of 26 wives of patients with Alcohol Dependence Syndrome using the Minnesota Multiphasic Personality Inventory (MMPI) and the Anxiety Inventory Index (AII) indicated elevation on the Psychopathic Deviance Scale (PD) and reactions of depression and anxiety in stressful situations. A major share of the alcohol dependent husbands had co-morbid psychiatric disorders, liked expressive disorder and schizophrenia. Hence the results were not conclusive and could not be extrapolated to the general population.

Tomelleri studied the personality of the wives of alcohol dependent patients in terms of their psychiatric diagnosis, family history of psychiatric disturbance, and type of marriage. The results revealed psychiatric diagnosis of alcohol use disorder in 15% , hysteria in 12% and primary affective disorders in 8% of the wives. While investigators have used definite scales for assessment of personality and maladjustment in the family, they have failed to use valid and reliable scales for assessment of psychopathology. They have not used reliable diagnostic criteria for the diagnosis of the psychiatric morbidity. The results have to be interpreted against this background .However being one of the earliest investigations in this area the results indicate possibly the general trend of psychopathology among wives of alcohol dependent persons [11].

Steinglass studied the impact of Alcohol Dependence Syndrome on the family in terms of association between extent of alcohol dependence and psychiatric symptomatology. [31] families of alcohol dependent and non alcohol dependent spouses constituted the sample of the study.

The results indicated that the degree of alcohol dependence was directly proportional to the symptomatology in the spouses. The sample size in this study was small. It consisted of spouses of both alcohol dependent and non alcohol dependent husbands. The results of this investigation suggest that the psychopathology in the spouse is possibly proportional to the degree of alcohol dependence and with the husband's social impairment[12].

Davis et al studied dysfunctions caused by alcohol in alcohol dependent males and the presence of psychiatric symptomatology in their spouses. 50 families of active alcohol dependents and 50 families of normal drinkers and their spouses constituted the sample for the study. The result indicated that the amount of social dysfunction was related to level the wife's status of psychological well being , that is two scales (hostility and depression) were significantly related to the proportion of social impairment and four scales were associated meagerly with husband's social impairment . The results were consistent with the findings of Steinglass. Although generally consistent with Steinglass's findings, the

results were much weaker than those reported by Steinglass. To conduct this study individuals had to be called for through advertisements in newspapers of the same locality , and those people were paid for their contribution in the study. Davis , however had not conducted an extensive interview in psychiatry hence the subjects did not gratify the vigorous inclusion/exclusion criteria like in subjects in the previous studies[13].

Fulkunishi examined 48 family members of the families of alcohol dependent individuals in terms of alexithymia and depression. The investigators reported a prevalence of alexythymia as 47.9%, and that of depression as 63.3%. They also concluded that families with alcohol dependent individuals do have strong conflicts[14].

Casey J.C. et al conducted a study of 60 employed wives of alcohol dependent men. It was identified that employment was considered as not only a source of social support stress, but also a source of social support as well. A significant number of wives who were employed of working wives revealed only negligible negative effects due to their husbands drinking habits , however a small proportion reported negative effects due to the same reason . Wives those who had been quite satisfied with their existing employment had felt and reported that their work experience influenced them positively . While measuring the physical and mental health , these women had scored closer to a sample of depressed women

than the community sample on measurement of, depressive mood and other smoking symptoms[15].

Okazaki N. et al conducted a comparative study of 122 wives of alcohol dependent men in terms of their health problems and psychosomatic disorders. The controls were 88 age matched wives of non alcohol dependent men. They administered Cornell Medical Index (CMI). The investigators found significant difference in the incidence of health problems and cardiovascular disease among the wives of alcohol dependent persons. 13.9% of wives had health problems against 1.1% of the controls. 9%of wives of alcohol dependent individuals had cardiovascular diseases whereas only 1.1%of the controls had the same. The rate of current illness of the subjects were 28.2%compared with 19.3% for the controls, the rate of CMI category IV (indicates neurotic) of the subjects was 5% compared with 0% for the controls. As a whole, results were more moderate than those of the previous studies, but wives of alcohol dependent individuals had more current and past illness, and were more neurotic than the controls.

The sample size was adequate and the investigators used an age matched group. The design of the study was good enough and the results could be extrapolated to the general population.But no attempt was made to study the psychiatric morbidity specifically in these groups[16].

Mosalenko VD and Gunkoa examined the psychopathology of 215 wives of alcohol dependent individuals. 174 women were diagnosed to have borderline psychopathological condition. These women had long been married to alcohol dependent husbands. 27% of these women had psychopathy, 4.7% had neurotic personality, 33% had neuroses and 15% had reactive depression.

The investigators also reported that the 41divorced women living apart from their former alcoholic husbands had no psychopathology at the moment of the study. This study had a large sample size. The investigators did not use a control group. Definite reliable scales for assessment of the psychopathology were not used. The psychopathology reported was not in terms of current classificatory systems. Inspite of these demerits, the investigators suggested that the wives of alcohol dependent persons have significant psychiatric morbidity. The study also indicated that living apart for them may reduce the chances of development of this psychopathology[17].

A study was done in the University of California on an original sample of 453 men having Alcohol Dependence Syndrome, the students and non academic staff at a university were originally selected as the controls. The women were less apt to be homemakers who were married to men with an alcohol dependence syndrome fulfilling the criteria for

alcohol use disorders. However, in this highly functional sample some wives who were married to men with alcohol use disorders had no higher peril for major psychiatric disorders and hence did not report a higher rate of alcohol dependence or abuse or any psychiatric morbidity.

Despite the overall high level of functioning of the sample[12] the results demonstrated that there were increased risks for women who were married to alcohol dependent men for the use of illicit substances and for alcohol use disorders, [18].

Tempier et al. conducted retrospective analysis using data from Quebec community health survey on psychological distress among wives of male at risk drinkers. Answering to least two positive questions of the CAGE questionnaire was defined as having a life time at-risk drinking . Using the Indice de DétressePsychologique de l'Enquête Santé Québec, psychological distress was measured . It was observed that in wives of male lifetime at-risk drinkers in the general population[9] there was an increased levels of psychological distress. In a study on that was conducted on community samples of married pairs both husbands'side and wives' side marital alcohol problems were connected with wives' depressive

mood symptoms. Depressive symptoms of husbands were related to husbands' marriage-related alcohol problems and frequency of heavy drinking; but,the wives' alcohol problems and alcohol use did not affect the husbands' mood . It was found that husbands' marital alcohol problems affect husbands' depressive symptoms .buthusbands' and wives'marital alcohol problems affect wife's depressive symptoms[19].

Dawson et al investigated women's physical and mental health whose partners had alcohol problems. It was found that these women more likely had experiences of victimization , injury, getting affected with mood disorders, anxiety disorders, and being in poor health than women whose husbands who were devoid of alcohol problems . In a study done in North Goa, it was found that risk for common mental disorders increased two to three fold when the husband consumed excessive alcohol . Alcohol related problems partially mediated the association between partner excessive alcohol use and these mental disorders [20].

Moos et al in a study on the wives of older adults with late life drinking problems found that wives of older adults whose drinking problems later remitted reported increased alcohol consumption , poor general health , added symptoms of depression , and lack of motivation in domestic tasks and social and religious activities basically. In a meticulous

10-year follow-up study , of remitted problem drinkers were equivalent to wives of problem - free individuals, but wives of ongoing problem drinkers were addicted more towards alcohol, suffered more alcohol-related harmfull consequences, and had friends who had agreed to more drinking of alcohol. on the whole, wives whose friends accepted more of drinking and whose husbands consumed more alcohol and had drinking problems were likely to drink more alcohol and more likely to have drinking associated problems themselves [21].

O'Farell, Harrison and Cutter conducted a study on sixty women who were married to individuals with alcohol dependent syndrome currently or formerly with a goal to evaluate the stress involved after their marriage , stress of their children , and their proximity to marital break up. It was generally observed as a common prediction done sociologically that more stressful the marriage was the faster was the wife was to divorce . Differing to psychoanalytic prediction s, the disturbances in personality, associated with stress of childhood , did not show a relationship with proximity to marital break up. Factor analytically derived subscales of stressors of marital and childhood exhibited a considerable psychosocial interaction ; wives were more disposed than their more outgoing counterparts to undergo their husbands' verbal abuse of them and their children. In addition, sway by others to break up, optimistic attitudes

toward divorce, fear of violence, and little or no good period early in marriage all linked absolutely with proximity to marital break up [22].

George S. conducted a study of the quality of marital life of 30 wives of alcohol dependent individuals and wives of non dependent control. She used the Dyadic Adjustment Scale (DAS) and Social Drinking Scale (SDS). In her study she found that marital dysfunction among individuals with Alcohol Dependence Syndrome is related to their drinking habit.

The quality of marital life is influenced by the spouse being dependent prior to or after marriage. The sample size was small. This was one of the earliest investigations in the area of the quality of marital life of spouses of alcohol dependent individuals.

Sonia investigated personality and marital adjustment of 30 couples with husbands having Alcohol Dependence Syndrome [24]. The tools were 16PF, Marital Quality Scale. She found that the spouses differ significantly on the personality factorA,F,N,Q3,H and factor Q4. The quality of marital life of the sample was poorer when compared to normals [23].

Nagalakshmi and Suman studied 40 families with fathers having Alcohol Dependence Syndrome and assessed family interaction using the Family Interaction Scale (FIS) . It was found that there were significant

differences between families with fathers having Alcohol Dependence Syndrome than families with non alcohol dependent fathers .Families with fathers having Alcohol Dependence Syndrome were characterized by poor communication patterns, lack of mutual warmth and support, spouse abuse and poor role functioning. The spouse of the men with Alcohol Dependence Syndrome expressed greater dissatisfaction in all areas of family functioning than the spouses of men without Alcohol Dependence Syndrome.

The sample size was small. They used the Family Interaction Scale which was modified for use in the Indian set up and the selection of sample was based on ICD-9. This study indicated that marital and family therapy can be an important component of the treatment program for Alcohol Dependence Syndrome [25].

Mala Gaunkar investigated relationship attribution and marital quality in depressed wives. The sample used was 15 couples in which wives were depressed and 15non clinical couples. Tools used were Becks Depression Inventory (BDI) and Marital Quality Scale (MQS). Poor quality of marital life was found in both husbands and wives in the clinical group. The husbands and wives in the non clinical group reported good quality of marital life. The sample used was small . The study has

confirmed a retrospective link between husband's excessive alcohol use before the marriage and husband-to-wife violent behavior in the first year of marriage. A research on alcohol and the continuance of early marital belligerence examined the relationships of husband's aggression , marital divergence, and couple's alcohol use in the first year of marriage to husband-to-wife marital violence in the second and third years of marriage. The results of this study reflected multiple occasions of acute alcohol intoxication and /or alcohol-related stressors and clashes within the relationships, both of which increased the likelihood of hostility [26].

In a review on the influence of alcohol use and marital functioning by Michael Marshal sixty studies were taken into consideration that tested the correlation between alcohol use and one of three domains of the marital functioning (the satisfaction, the interaction, and the violence). Results provided great support for the concept that alcohol abuse is unfavorable , and that it is frequently associated with marital unhappiness, unhelpful marital communication patterns, and elevated levels of marital violence. A small section of studies established that light drinking patterns are coupled with adaptive conjugal functioning [23].In a study on alcohol's ininfluence and marital relations as longitudinal predictors of marital adjustment the relationships among " married couples " lifetime alcoholism status, behaviors after marriage , and adjustments after

marriage were tested. The results exhibited that the husbands ' life time alcohol addictive use resulted in lower levels of their wife's helpful marital adjustments 3 years later but was not associated with their own or their wife's marital behaviours 9 years from baseline. Findings indicated that in alcoholic couples the marital adjustment may be driven more by the wives' than the husbands' alcohol abuse and marital behavior [27].

In 1937, Lewis proposed the Disturbed Personality Model to explain the etiology of alcohol use. Hesitated that a woman who was in some way psychologically maladjusted, dependent, hostile, domineering, masochistic, sadistic, married the man with alcohol dependence syndrome to fulfill her own neurotic needs. Being psychologically disturbed herself, she often contributed to the alcohol use of her husband. She needed therapeutic help as much as her alcohol dependent husband[28].

Price studied the personality of 20 wives of individuals with Alcohol Dependence Syndrome. She concluded that they were basically dependents who became hostile or aggressive towards their husbands. Due to small sample size no conclusion could be drawn from the study [29].

Whalen in his study, placed wives of alcohol dependent individuals into four categories:

1. One who, to punish herself, chose a husband who would make her life miserable

2. One who needed to dominate someone, and so chose a weak, inept husband

3. One who to be loved, sought a weak inept husband who needed her desperately.

4. One who needed an emasculated husband to control and punish [35] .

Orford studied the personality of 100 wives of alcohol dependent persons and 100 controls, using Eysencks Personality Inventory (EPI). The result indicated that the wives of individuals with Alcohol Dependence Syndrome had significantly higher scores on neuroticism scale compared to the control group. He had used a standardized questionnaire and the sample size was adequate [30].

Sabhaney studied 80 families individuals with Alcohol Dependence Syndrome and 30 non alcohol dependent families. The tools used were MMPI and a semi structured interview. The MMPI revealed that anxiety, depression, mania, schizophrenia, and psychopathic deviance was more

frequent among wives of alcohol dependent individuals.The sample size was small. No conclusion could be drawn from the study [31].

Chakravarthy and Ranganathan studied 46 wives of individuals with AlcoholDependence Syndrome. Their personality and coping behaviours were studied. The tools used were Eysencks Personality Inventory and Guthries Questionnaire. Results indicated that discord and fearful withdrawal were the most common form of coping used. With regard to personality they were found to be mostly ambiverts and introverts [32].

Jayaram studied personality profile of 30 wives of individuals with Alcohol Dependence Syndrome and 30 controls. The tools used were 16PF and GHQ. He found hat wives of individuals with Alcohol Dependence Syndrome differed from the wives on control on the variable personality on 16PF questionnaire. The two groups differed significantly on 8 of the 16 factors. On GHQ the wives of individuals with Alcohol Dependence Syndrome had shown marked psychological problems viz difficulty to concentrate, sleep disturbance, worry ad constant strain. The sample used was small. The investigators used an age-matched control group.

This was the first time GHQ was used for the wives of individuals with Alcohol Dependence Syndrome. The results possibly indicated the severe trend of psychopathology in spouses of individuals with Alcohol Dependence Syndrome [33].

Rao TSS and Kuruvilla K. studied personality of 30 wives of individuals with Alcohol Dependence Syndrome who satisfied Feighner's criteria and were compared with 30 wives of non alcohol dependent individuals. 16PF and Eysencks Personality Inventory were used. The results showed that there were no statistically significant differences between the two groups on EPI and the scores were within normal limits. Both the groups had similar profile scores on 16PF, being submissive timid ,conventional , conservative, dependent and poised. These findings were not in favour of the concept of "pathological wives" causing alcoholism in their husbands as advocated by other investigators. As the scales used were standardised, the results could be considered to be more reliable but not predictive since the sample was small [34] .

Jackson (1954) as a participant observer for several years of the women in Al- Anon and family group, believed that the neurotic manifestations showed by the wives of alcoholics may be a relation to the stress of living with an alcoholic, rather than due to any pre-existing personality defect[35] .

Edward, Harvey, Whitehead (1973) studied the personality of wives of alcohol dependent individuals. The sample size and demographic data were not provided. The study was carried out mainly on the basis of clinical interview. The authors concluded that women undergoing stress as

a consequence of living with an alcoholic husband manifest neurotic traits of psychological disturbances. In their opinion wives of alcoholics appear to be women who have essentially normal personalities of different types. They may suffer personality dysfunction and react to their situations with change in coping methods and roles with the family when their husbands are drinking in excess; but if their husbands become abstinent they will experience progressively less dysfunction. Thus they seem much like other women with marital problems[36].

Sisters of individuals with history of alcohol abuse from high-density multigenerational families were studied to determine the characteristics of personality. Spousal similarity was assessed in proband / spouse twosome and in spouse pairs from the parental generation, permitting for comparisons of selection versus contagion as descriptions for this resemblance. Sisters were found to differ from control women with respect to disaffection and Social nearness from the MDPQ ,and Scale 6 (Paranoia) from the MMPI. Only spouses from the parental generation were similar on estrangement, signifying that exposure over time (contagion) leads to greater resemblance in parents hailing from high-risk families. Correlations of a lesser degree occurring in couples from both generations reveal that assortative mating for Social nearness occurs among the parents of these persons from high-risk families, and further

expose that a reduced level of Social intimacy for sisters of alcoholics might be mediated to a certain extent by the additive genetic variance. It was accomplished that assortative mating for particular traits might attribute to increased risk for alcohol use. in addition, failure to mate assortatively for other traits may as well contribute to increased rates in high-risk families [37].The group of wives of individuals with Alcohol Dependence Syndrome (N=100) was matched up to to a group of wives of non alcohol dependent men (N=90) . The groups were indistinguishable in view of their age, employment position and wedded status. Eysenck Personality Questionnaire was utilized for determining the main personality proportions. A structured [38] psychiatric interrogation based on ICD-10 and DSM-III-R , and assessing behavior of oneself before matrimony (extraverted vs. introverted) were used as well. The wives of individuals with Alcohol Dependence Syndrome were found to be less extraverted than the wives of non-alcohol dependent persons. However there appeared to be no differences in neuroticism and psychoticism. In respect with the self-assessment of their behavior before marriage , wives of persons with Alcohol Dependence Syndrome also manifested less extraverted behavior before marriage.

The wives of persons with Alcohol Dependence Syndrome were treated for psychiatric illness more often during their married lives than the wives of non-alcohol dependent men. Moreover, the group of the wives of non-alcohol dependent men had fewer psychiatric treatments during than before marriage. The wives of individuals with Alcohol Dependence Syndrome were less extraverted than the wives of non-alcohol dependent men, but they did not differ in two other main personality dimensions , neuroticism and psychoticism [39].

In a study on enabling behavior in a clinical sample of alcohol-dependent clients and their partners, the researchers administered a clinically derived assessment tool, the Behavioral Enabling Scale (Behavior Enabling Scale), to 42 clients of alcohol dependant nature and their partners registered in a couples counseling agenda to find out the degree of specific partner behaviors that might convincingly be thought to enhance drinking or hinder recuperation. Results indicated that, among other findings, the majority of both clients and partners reported the partner took over tasks or duties from the alcoholic client at some point during the relationship, drank or used other drugs with the client, and lied or made excuses to others as a cover up for the drinker. Moreover particular relationship beliefs were [40] associated with higher behavioral

allowing scores, providing clear direction for cognitive and behavioral interventions [41].

In the 1950's a second model was proposed which stated that wives of alcohol dependent individuals may display maladaptive behaviour in response to their husbands drinking. According to this proposal, the wives pathological behaviour was an attempt to resolve the alcoholic crisis and to return the family to its former stability. That is, the wife simply responded to the stress of the environmental situation. Hence this second perspective could be termed as 'Stress Model'[42].

Rao TSS and Kuruvilla [44] studied coping behavior of 30 wives of individuals with Alcohol Dependence Syndrome by using Orford-Guthrie's coping with drinking questionnaire. The commonest coping behavior reported were discord, avoidance , extravagance and fearful withdrawal, while marital breakdown, taking special action , assertion and sexual withdrawal were least frequent. There was no significant correlation between the coping behaviour and the variables like duration of marriage, duration of husbands alcohol use, socio-economic status and education. The population was limited to only one hospital and the sample size was also small. This is the first study which was conducted in the Indian setup by using the Orford Guthrie Questionnaire. Certain coping strategies are

secondary to husband's violence following his alcohol consumption and not due to the alcohol itself [45].

Orford et al and Schaffer and Tayler [46] investigated the relationship between coping behaviour and outcome. The samples used were 100 and 124 spouses of alcohol dependent persons respectively. They administered Orford Guthrie Questionnaire and Eysenck Personality Inventory. It was found that higher frequency of abnormal coping behaviour is associated with a relatively poor outcome of the alcohol dependence. The coping components consistently related with a comparatively poor prognosis were those that propose withdrawal or disentanglement from the marital bond . The elements involved were those of avoiding, refusal to talk, feeling hopeless, refusing to sleep together, feeling frightened, making special financial arrangements, seeking outside help and contemplating terminating the bond altogether. Both the studies used the same standardised tools. The sample sizes were adequate and results show similar outcomes. Self reported questionnaire method used in this study is crude and open to distortion due to mis recall and misinterpretation [43].

P Montgomery and B Johnson evaluated the stress in marriage to an individual with Alcohol Dependence Syndrome. The women in the study reported intrapersonal ,extra personal and interpersonal stressors.

The most frequently reported and highest ranked stressor was their relationship with their husband's sobriety [47].

McKay et al studied differences between individuals with Alcohol Dependence Syndrome and spouses in their perception of family functioning. The sample consisted of 80 pairs of alcohol dependent patients and their wives. The tool used was the Family Assessment Device (FAD). The results indicated that the agreement between patients and wives was reasonable on the emotional responsiveness, problem solving aspect, general roles and functioning scales. Nevertheless, there was petite or no accord on the behaviour control and affective involvement scales[48].

Brennan et al investigated 87 spouses of late life problem drinkers and 87 wives of non problem drinkers. The spouses of problem drinkers reported poor health related and social functioning. They also reported more stressful, less supportive family context in problem drinkers[39].Ino et al studied 'addiction trends' seen among wives of alcohol dependent individuals. The sample consisted of 162 wives of alcohol dependent men. The addiction screening test for wives of alcohol dependent men (ASTWA) was used to measure addiction trends. The ASTWA questionnaire, consists of 24 questions, which was designed to make clear views about the wives character trends and their addictions. As for the character traits, the tendency for obsessiveness and tendency for

compulsiveness and the inclination to low self esteem were estimated by four questions each. The caring trends were estimated by 8 questions.

The wives who had scored more than 14 points in the character traits category were considered to have an affinity toward addiction. It was noticed that in a number of cases the scores decreased favorably in parallel with the protracted term of abstinence of their husbands [49].

In o et al evaluated the ASTWA scores obtained from the wives, which consisted of a 'total score', 'caring trends', 'dominating trends', 'obsessive traits' and trends toward lowering of self esteem, making clear each of the critical points between normal and abnormal shifting trends with the help of normal control study. In this way, the reliability, the validity and usefulness of ASTWA were confirmed in the process of this study. A prospective study concerning the prognosis of alcoholism of their husbands in relation to the results of ASTWA was carried out. In the non-intervened group, wives of the abstinence group tended to show a lower score than in those of the slipped group in terms of the total score, the dominant trends, the obsessive traits and the trends toward lowering self esteem. In the group in which 3 month of initial therapy for wives have been completed, a significant parallel correlation was found between the ASTWA results and the prognosis of abstinence of their husbands. These results suggest that the total score, the caring trends, dominating trends and

the involved traits would indicate a degree of health and unhealth in the marital relationship, particularly in terms of a circular cause and effect relation in developing alcoholism and also would be a prospective indicator of the prognosis of alcohol dependence of their husband [50]

Margret Bailey in USA (1967) showed that the proportions of women who had scores indicating at least a moderate degree of psychological disturbance were 66% for wives still living with drinking alcoholic husbands, 43 % where the formerly alcoholic husbands were now abstinent, and roughly 33% for control women in Manhattan. She also found that the time which had elapsed since the wife had been living with a drinking alcoholic, was related to level of disturbance [51]

Chandrasekaran and Chitralekha studied 100 wives of alcohol dependence with a confirmed diagnosis of Alcohol dependence Syndrome according to DCR-10 with a "coping with drinking questionnaire". The coping behavior "Avoidance" was the most commonly endorsed one . There was a momentous association between all the coping mechanisms and alcohol allied problems. No relationship was observed between neuroticism scores and coping behavior. From the study it is obvious that both personality variables and situational variables play a role in determining the coping behaviour of wives of men with Alcohol Dependence Syndrome [52].

Nagalakshmi and Suman studied 40 families with fathers having Alcohol Dependence Syndrome and assessed family interaction using the Family Interaction Scale 15 (FIS). It was found that there were significant differences between families with fathers having Alcohol Dependence Syndrome than families with non alcohol dependent fathers.Families with fathers having Alcohol Dependence Syndrome were characterized by poor communication patterns, lack of mutual warmth and support, spouse abuse and poor role functioning. The spouse of the men with Alcohol Dependence Syndrome expressed greater dissatisfaction in all areas of family functioning than the spouses of men without Alcohol Dependence Syndrome. The sample size was small. They used the Family Interaction Scale which was modified for use in the Indian set up and the selection of sample was based on ICD-9. This study indicated that marital and family therapy can be an important component of the treatment program for Alcohol Dependence Syndrome [53].

Family burden in substance dependence syndrome was studied in 60 subjects in Nepal and it was found that wives of patients with Alcohol Dependence Syndrome were more tolerant than other caregivers as primary caretakers with respect to their hypothesis that it is often the women who are most affected and bear a significant brunt of the burden [54].

Kishor M, Pandit LV, Raguram et al conducted a study where in 60 spouses of men with alcohol dependence syndrome were evaluated . the aim of the study was to asses the pattern of psychiatric morbidity , and degree of marital satisfaction, in wives of persons with alcohol dependence syndrome.

Marital satisfaction scale was used to assess the degree of marital satisficaton . Another tool used was for assessing was the short alcohol dependence data and drinkers inventory of consequences. The results reported that 65% of the wives were suffering from Pschyiatric disorders predominantly Mood disorders and Anxiety disorders.43 % suffered from Major depressive disorder . The study was concluded by reporting that the incidence of psychological distress and Psychiatric disorders were very high and the degree of marital satisfication was low in women married to persons with alcohol dependence syndrome[55].

Kogan, Fordyce and Jackson (1963) carried out a study with specific reference to spouses of alcoholics and they found that wives of alcoholics differed from wives of non-alcoholics on 3 characteristics. The wives of alcoholics saw themselves as 1.Hyper-feminine. 2. Submissive and 3. Wanting to be led and managed. The other three differentiating characteristics referred to the perceptions of their husband, i.e..the wives of alcoholics saw their husbands as 1. Possessing fewer desirable traits,

2. Displaying less emotional warmth 3. Characterized by suspicion and distrust. The most striking feature of the finding was that half of the subjects perceived their husband in the atypical way regardless of whether the alcoholic was in a sober or drunken state[56].

Murphy, C. M. and 0' Farrel, (1995) discussed initial studies that showed a high proportion of male alcoholics seeking treatment had been violent towards their wives and that identified factors that may help to explain this association. The author argued that male alcoholics who physically abuse their partners differ in important ways from alcoholics who do not, displaying a cluster of signs associated with a severe, early onset form of alcoholism, including an inheritance pattern largely limited to male relatives and previous arrests. The maritally violent alcoholics are also more likely to binge, have more negative styles of communicating with their spouses, and maintain strong beliefs about the negative influences of alcohol on marriage. Initial evidence suggested that cessation of problem drinking after alcoholism treatment involving the spouse is associated with significant and substantial reductions in marital violence, whereas relapse to drinking after such treatment is associated with continued marital violence[57].

Kutty and Sharma (1988) investigated the characteristics of 35 wives of alcoholics and 35 wives of non-alcoholics. Samples completed a Malayalam version of a temperament scale that measures maladjustment, gregariousness and thoughtfulness. Wives of alcoholics scored high in maladjustment and low in gregariousness and thoughtfulness compared with controls.[58]

Banister , E. M. and Peavy, R. V. (1994) conducted an ethnographic study of 5 women married to alcoholics to develop knowledge about how these women lived out, interpreted, expressed the experience of living with an alcoholic husband. Samples were interviewed and interviews were analyzed according to the Developmental Research Sequence Method by P.J. Spradley (1979) to discover the cultural experiences of SS, three common themes were identified that represented sample' s lives: constantly being on guard, being in a pit (weakening of self), and push and pull (disillusionment with cultural norms). The experience of samples married to alcoholics was a complex interaction of culture that involved the internalization of cultural expectations, weakening of self, and embeddedness in an alcohol dependent marriage that encouraged samples to be passive, dependent self-sacrificing, and self-blaming[59].

Montgomery and Johnson (1992) reported that historically wives of lcoholics have been described as having disturbed pathological personalities that were instrumental in causing and maintaining their husband's drinking. More recently researches have tended to support the view that the behaviour of these women reflects their stressful circumstances. The women in the study reported interpersonal, extra personal and intrapersonal stressors.The most frequently reported and highest ranked stressor was their relationships with their husbands. Sobriety does not necessarily mean that stressors disappear [60].

Jacob Theodore, et al, (1985) attempted to replicate in 2 experiments the findings of P. Steinglass (1981) linking social behavioral consequences of drinking with the non alcoholic spouse's psychiatric symptamatology. The first experiment (EXP. I) involved families with alcoholic husbands and 50 families with non-alcoholic husbands. The second experiment (EXP.II) involved 27 families with alcoholic husbands. Age range for husbands and wives in Exp. I was 31-63 years and 19-57 years respectively; inExp. II they were 27-56 years and 28-58 years respectively. The Minnesota Multiphasic Personality Inventory (MMPI) and the Beck Depression Inventory were administered to samples. Results indicate weak support for the original findings [61].

Levkovich and Zuskova (1991) examined the influence of husband's habitual drinking on a family, resulting in disorganization of marital relations. Data are presented concerning conflicts in 50 families in which the husband was a habitual drinker. Conflicts were characterized by a sharp aggravation of the contradictions in the spouse's needs, lack of understanding by them of the relationship between drinking and destabilization of family relations and in appropriate choice of the methods to settle conflicts. Husband's drinking also adversely affected the wives'health, such that wives suffered from various disorders such as insomnia,depression and neurosis.[62]

James and Goldman (1971) found out that the wives of alcoholics were more quarrelsome, felt angry easily, felt helplessness on other occasions and adopted a strategy of withdrawing or avoiding their husband altogether. Sometimes they tried to get drunk themselves to show them what it was like or they had locked the husband out of the house.[63]

Sabhaney (1974) studied the family and social background of alcohol dependent individuals. In this study two groups of families were taken The sample consisted of 30 families of alcohol dependent individuals and 30 families of normals. The wives of alcohol dependent individuals and normals were studied mainly in the family. Different variables were taken to study. They are personality, family interaction and family attitude

to drinking. The tools used in the study were (1) Multi-phasic Personality Questionnaire (Murthy, et at, 1969). (2) Semi-structured Interview. The author concluded that, the families of alcoholics were more disorganized, more clinically diagnosed cases were seen in the family in comparison with the families of normal individuals. With regard to family interaction the author found that, the families of alcoholics have more disharmony, in terms of resentment, anger, arguments and verbal or physical fights. Along with this both overt and covert forms of hostility were also seen. The perception of other's needs was minimum in family members of alcohol dependent individuals.

Among 30 families of alcohol dependent individuals, 9 families showed a family history of alcoholism. As seen on M.P.Q. test the anxiety, depression, mania, paranoia, schizophrenia and psychopathic deviation were more common among wives of alcohol dependent individuals than among the wives of non alcohol individuals [64] .

Rae and Forbes (1966) studied the personality of wives of alcohol dependent individuals. The sample consisted of 26 wives of alcohol dependent individuals. Details regarding the age, duration of marriage and other sociodemographic data are not provided by the author. The wives were tested using M.M.P.I.

The results showed that these wives were showing elevations on psychopathic deviance scale and they were reacting to stressful situations with depression and anxiety. They further showed that, the spouse personality is as important as that of the patient in maintaining subsequent abstinence. In this study no comparison group had taken.[65]

Alcoholism and Marital Discord

The functioning of patient's spouses has been an expanding focus of research across variety of disorders. Marital discord is known to have implications in a variety of life spheres. Kressel (1977) defined marital disharmony as a state of marital dissatisfaction, which may or may not be shared by the spouses may or may not be openly expressed and may or may not be focused on specific issues. In some instances, it refers to a diagnosis made by an outside observer and not to any initial perception of marital difficulty on the part of the couple[81].

In the Indian context, marital disharmony has been further defined as a state of meaningless relationship between husband and wife where mutual respect is replaced by individual respect (Channabasavanna et al 1979) seems to be complex [82].

Marital discord increases the likelihood of physical and psychological disorders such as alcoholism and coronary disease (Bloom et al 1978)[83]. Studies on the spouses of alcohol dependent individuals, seriously began in the 1950s and picked up momentum in the 60s and has been getting more or less consistent attention ever since.

Zweben's (1986) study found that the likelihood of marital disruption was greater in heavy drinking households than in non-heavy drinking households. It is estimated that about 40% of the problems brought before a family court in New York City are directly or indirectly attributed to alcohol excess related issues [84].

Wiseman, Jacqueline (1975) described the self-reported lives of 75 women married to alcoholics. While all wives attempted to help their husbands, eventually 40% isolated themselves from their marriage and adopted an independent working and social existence.

If the husband of such a wife attempted to stop drinking after this separation occurred, his wife might be placed under stress by the choice she faced [85].

In the early days of the development of alcoholism, the family may go through a long period of indecision and confusion. The second aspect related to it is role management. The functions normally carried out by the

husband have to be taken over by the wife which will add to her psychological stress (Orford, 1976)[86] .

A study on alcoholic's housewives and role satisfaction by Farid, et a1, (1989) revealed a strong relationship between dissatisfaction with the role of housewife and severity of alcoholism [87] .

The quality of the sexual relationship between alcoholic males admitted to an alcohol treatment program and their stable non-alcoholic female partners was assessed by Nirenberg et.al., (1990) in relation to time intervals of abstinence and drinking. Results indicated that the sexual relationship varies in relation to drinking or abstinence. Sexual intimacy appears quite normal and satisfactory during abstinent periods; however, female partners present an internally consistent picture of neither desiring nor enjoying sex during drinking periods, though accepting sex Reluctantly[88].

In a review of literature on alcoholism and marriage,Orford (1975) [89] found that under involvement of alcoholic husbands in the tasks and decision-making of the family. High levels of conflict and discrepancies in interpersonal perception among alcoholic husbands and their wives were also found when compared to the normal couples. However, the author cautioned that marriages containing a member suffering from alcoholism should not be thought of as unique.

Marshal ,(2003) states in his study that most of alcoholic couples have reported lower satisfaction regarding their couple relationship. Infact the level of marital satisfaction in alcoholic couples is similar to that of couple with non alcoholic conflicted marriages (O'Farrell & Birchler, 1987)[89]

The association between problem drinking and marital dissatisfaction appears to be reciprocal (Halford et al., 1999)[90]. On one hand, alcohol abuse contributes to marital distress through the many stresses it creates (e.g., financial problems, job problems, embarrassing incidents, verbal and physical abuse, poor parenting). On the other hand, marital distress often contributes to the maintenance of problem drinking. Indeed, marital problems stimulate excessive drinking (Davis et al., 1974)34, precipitate relapse by abstinent alcoholics (Humphreys et al., 1996; Maisto et al., 1988), and are predictive of a poor prognosis of abstinence in alcohol treatment programs (Vannicelli et al., 1983). Marital distress can predict problem drinking.

In a longitudinal study, Whisman et al. (2006) reported that people in dissatisfied marriages were 3.7 times more likely to report problems with drinking 12 months after the first assessment, in comparison with satisfied partners. Thus, the influences of marital problems on heavy use of alcohol are widely documented[92].

Hurwitz, J. I. and Daya, D. .K. (1977) who studied about the wives (mean age 50.3 years) of 23 alcoholic blue-collar employees completed the MMPI, Interpersonal Check List, and TAT. The test results show that the public behaviour of a majority of the samples (as well as their conscious and preconscious self-images, underlying character structures, and perceptions of men and women) was dominant rather than submissive. However a majority of the samples had submissive ideal self-images which were interpreted as ' dependent' in 12 and 'masochistic' in 5. 12 of the samples perceived men as ' sadistic' and 10 had preconscious self-images described as sadistic. It is suggested that (a) non-help-seeking wives have strong egos; (b) they may constitute a single personality type; (c) many of them view men as sadistic, and many develop preconscious hostility towards their husbands as stress reactions; and (d) their ideal self-images reflect weariness with their dominant roles rather than a need to be dependent[92].

Jacob Theodore, et al, (1985) attempted to replicate in 2 experiments the findings of P. Steinglass (1981) linking social behavioral consequences of drinking with the non alcoholic spouse's psychiatric symptamatology. The first experiment (EXP. I) involved families with alcoholic husbands and 50 families with non-alcoholic husbands. The second experiment (EXP.II) involved 27 families with alcoholic husbands. Age range for

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Suman and Naglakshmi (1993)48 examined the personality dimensions of alcohol dependent individuals (ADIS) and their spouses on the Eysenck Personality Questionnaire; 40 alcohol dependent individuals and their spouses and 10 normal couples in India were studied. Samples were 25-45 years old. Results reveal high neuroticism in spouses of alcohol dependent individuals.

The spouses of alcohol dependent individuals were significantly less extroverted than spouses of non-alcoholics, who were more sociable, carefree and relaxed in interpersonal relationships. The spouses of alcohol dependent individuals were more inhibited, more withdrawn and less assertive in interpersonal relationships[96].

Okazaki, et al, (1994) conducted a study that involves an analysis of health problems and psychosomatic disorders between wives of alcoholics and those of non-alcoholics. The subjects of the study were 122 wives of alcoholics who accompanied their husbands for outpatient alcoholism treatment at Kurihama National Hospital. For an appropriate comparison, aged-matched wives of non-alcoholic husbands were asked to co-operate as controls. The subject S were given Cornell Medical lndex (CM) and the original questionnaire on their own and their husband's health problems on their first outpatient visit. The controls were also given to them during the same research period.

The results are briefly summarized as follows: (1) The most obvious health problem of wives of alcoholics with an incidence significantly higher than that of wives of nonalcoholics was genital disease[97].

Ino, et al, (1994) in their study try to evaluate the ASTWA (Addiction Screening Test for Wives of Alcoholics) scores obtained from

the wives, which consists of a ' total score', ' caring trends', ' dominating trends', 'obsessive traits', and 'trends towards lowering of self-esteem', between normal and abnormal shifting trends with the help of a normal control study. The results are demonstrated graphically is in the YG test. In this way, the reliability, the validity, and the usefulness of ASTWA were confirmed in the process of this study. A prospective study concerning the prognosis of alcoholism of their husbands in relation to the results of ASTWA was carried out. In the non-intervened group, wives of abstinence group tended to show a lower score, the dominating trends the obsessive traits, and the trends toward lowering of self-esteem. In the group in which three months of initial therapy for wives have been completed, a significant parallel correlation was found between the ASTWA results and the prognosis of abstinence of their husbands. These results suggest that the total score, the caring trends, dominating trends, and the involved traits would indicate a degree of healthiness or unhealthiness in the marital relationship particularly in terms of a circular cause and effect relation in developing alcoholism, and also would be a prospective indication of the prognosis of alcoholism of their husbands[99].

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Orford and Guthrie (1975) administered a Coping with Drinking Questionnaire to the 19-60 year old wives of 100 males referred to the outpatient department of a psychiatric hospital because of a suspected drinking problem.

Other measures included evaluations of husband's treatment outcome, husband's job status, the neuroticism scale of the Eysenck Personality Inventory, a l0-item symptom scale, and 10 item hardship scale. Results indicate that high frequency coping behaviour is associated with a relatively poor treatment outcome, whatever the nature of coping behaviour used. The coping components, which are most uniformly associated with a poor prognosis, were those that suggested a withdrawal or disengagement from the marital bond (e.g. avoidance, feeling heightened or seeking outside help). Husband's job status was significantly negatively correlated with symptoms, hardship, and wife neuroticism.

METHODOLOGY

PLACE AND PERIOD:

The clinical study was carried out in Thanjavur medical college Hospital , in the male psychiatry ward of Department of Psychiatry. The clinical research commenced from April 2014 and data collection was completed by September 2014.

METHODS OF COLLECTION OF DATA :

SAMPLE:

This study was done during the period from march 2014 and completed by September 2014 . The data was collected from the male psychiatry ward of Department of Psychiatry Thanjavur Medical College Hospital ,Thanjavur .It is a reputed tertiary care hospital. For this study, a sample size consisting of 60 wives of patients with Alcohol Dependence Syndrome were selected . The patients with Alcohol Dependence Syndrome were diagnosed as per the Diagnostic Guidelines of the ICD-10 (International classification of mental and behavioral disorders Clinical,10^{th} revision,1992).

The wives of those patients who were diagnosed as Alcohol Dependence Syndrome alone consitituted the populations for the study .

INCLUSION CRITERIA:

1) The wives of adult in-patients with Alcohol Dependence Syndrome diagnosed according to the guidelines advocated by ICD 10 - Classification of Mental Health and Behavioural Disorders - Diagnostic Criteria for Research (DCR-10).
2) Age group between 18 and 60 years.

EXCLUSION CRITERIA:

1) Age below 18 and above 60 years
2) Physical and psychiatric disorders in the patient which were not related to alcohol use.
3) Wives of patients who were not consenting for the study .
4) Co-morbid substance use other than tobacco in the patients .

PROCEDURE:

This study has been cleared by the institutional ethical committee. A written informed consent was obtained from all the subjects. All the subjects underwent a methodical physical and mental status examination.

The assessment was done during the first week of hospitalization. The sociodemographic data was collected and recorded using a specially designed profoma for the clinical study. The socioeconomic status of the subjects was assessed with a semi structured profoma . Husbands were screened using descriptions and Diagnostic Guidelines of the ICD-10 (International classification of mental and behavioral disorders Clinical,10th revision,1992) for diagnosing Alcohol Dependence syndrome. The psychopathology of the wives of them was assessed using psychological well-being Index as a screening tool to pick up the percentile of the deviant psychopathology . Those who had been affected with psychological well-being was again evaluated for Mood and Anxiety disorders using the Hamilton Depression rating scale and Hamilton Anxiety rating scale respectively .

DESCRIPTION OF THE TOOLS

1) The International Classification of Diseases tenth revision

Diagnostic criterion for diagnosing Alcohol dependence syndrome.

The International Classification of Diseases tenth revision (ICD-10) has defined dependence as a cluster of physiological, behavioral and cognitive phenomena in which the use of a substance or a class of substances takes on a much higher priority for a given individual than other behaviors that once had greater value . A central descriptive

characteristic of the dependence syndrome is the desire to take the psychoactive drug . There may be evidence that return to substance use after a period of abstinence leads to a more rapid reappearance of other features of the syndrome than occurs with non dependent individuals definite diagnosis of dependence should usually be made only if three or more of the following have been present together at some time during the previous year:

(a) a strong desire or sense of compulsion to take the substance;

(b) difficulties in controlling substance-taking behavior in terms of its onset,termination, or levels of use;

(c) a physiological withdrawal state when substance use has ceased or been reduced, as evidenced by: the characteristic withdrawal syndrome for the substance; or use of the same (or a closely related) substance with the intention of relieving or avoiding withdrawal symptoms;

(d) evidence of tolerance, such that increased doses of the psychoactive substances are required in order to achieve effects originally produced by lower doses;

(e) progressive neglect of alternative pleasures or interests because of psychoactive substance use, increased amount of time necessary to obtain or take the substance or to recover from its effects ;

(f) persisting with substance use despite clear evidence of overtly harmful consequences, such as harm to the liver through excessive drinking, depressive mood states consequent to periods of heavy substance use, or drug-related impairment of cognitive functioning; efforts should be made to determine that the user was actually, or could be expected to be, aware of the nature and extent of the harm.The International Classification of Diseases, tenth revision– Diagnostic Research Criteria (ICD-10 DCR) gives the following criteria for a diagnosis of Alcohol Dependence Syndrome ;

Three or more of the following manifestations should have occurred together for at least one month or if persisting for periods of less than one month then they have occurred together repeatedly within a twelve month period.

(1) A strong desire or sense of compulsion to take the substance.

(2) Impaired capacity to control substance-taking behaviour in terms of onset, termination or level of use, as evidenced by: the substance being often taken in larger amounts or over a longer period than intended, or any unsuccessful effort or persistent desire to cut down or control substance use.

(3) A physiological withdrawal state when substance use is reduced or ceased, as

(4) evidenced by the characteristic withdrawal syndrome for the substance, or use of the same (or closely related) substance with the intention of relieving or avoiding withdrawal symptoms.

(5) Evidence of tolerance to the effects of the substance, such that there is a need for markedly increased amounts of the substance to achieve intoxication or desired effect, or that there is a markedly diminished effect with continued use of the same amount of the substance.

(6) Preoccupation with substance use, as manifested by: important alternative pleasures or interests being given up or reduced because of substance use; or a great deal of time being spent in activities necessary to obtain the substance, take the substance, or recover from its effects.

(7) Persisting with substance use despite clear evidence of harmful consequences, as evidenced by continued use when the person was actually aware of, or could be expected to have been aware of the nature and extent of harm [66.]

Psychological General Well-Being Index:

The quality of a good life if has many-sided components . This includes both subjective and objective dimensions . A nutritious food for maintaining a good health , a shelter like a secure house , opportunity to pursue studies above all an awareness about them . Diener has defines the

quality of a life as an individualistic view to the extent to which a sense of contentment and happiness is accomplished . In addition a subjective view about his that also has been considered intimately related to certain organic , financial , emotional and communal factors [67].

The World Health Organization (WHO) defines "Quality of Life" as " the perception that an individual has as about their place in their own existence, in the context of culture and their value system in which they live and on relation to their objectives, their expectations, their norms, their concerns, etc. This is a very broad concept which is influenced by complex ways and complex issues than physical health of the individual factors, his psychological state, level of independence, their social relationships and their relationship with the environment "

Psychological well-being is a state that encompasses optimistic thinking of inhabitants about themselves, which is defined by its subjective nature and includes aspects such as healthy physical functioning, psychological and social elements [68]

In the year 1984 it was Harold Dupuy who first Formulated the the Psychological Well-Being Index [69]. The entire questionnaire consists of 22 items . It includes questioning the aspects on six Dimensions .

They are …

1) Anxiety
2) Depression
3) Positive mood
4) Vitality
5) Self-control
6) General health

Answers for the items are filled up in the Likert scale which contains these six responses .The symptomatology that prevailed during the last one week are to be recorded .

The first is anxiety which refers to the discomfort caused by nervousness., the degree of tension that is caused by their health problems .

The second is related to Depression , due to an distress and physiological imbalance that disturbs the individual's mental picture of realism, causing severe episodes of unhappiness, unwillingness , nervousness, and many features that do not allow the person to build up their self .

The third is the positive mood , which , generally relates to the contentment , happiness and interest in life.

The fourth is the high levels of liveliness or vigor, which is obvious in activities like waking up from the bed freshl , being active and dynamic. The fifth category is related to self-control, which means everything that has to do with the control of one's behavior , thoughts , emotions and feelings.

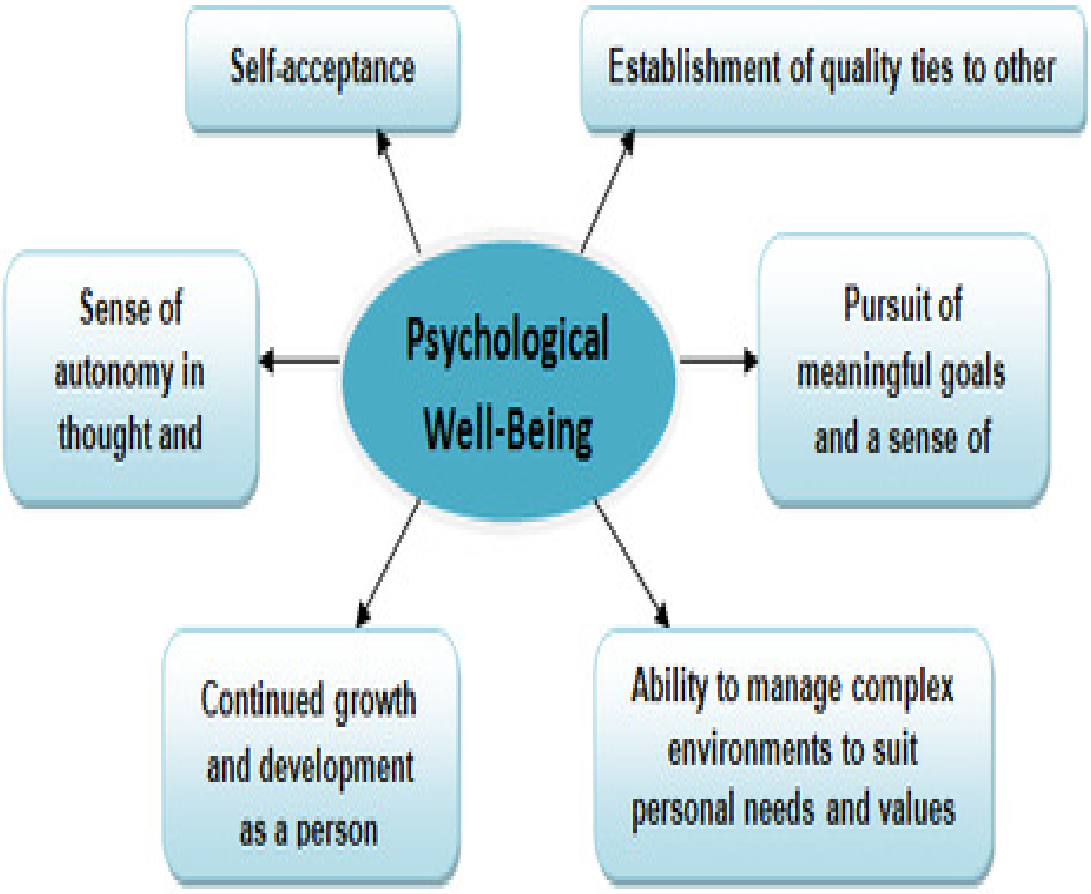
Finally sixth and final dimension is the overall health-related perceptions of illness of patients 50The reliability or internal consistency of the subjective well-being index is 0.9. The total score is calculated from dimensional scores, with categories created as such :

Ranging from 0 to 60 represents a serious discomfort;

from 61 to 72 is a moderate malaise and

from 73 to 110 is a positive welfare. [70]

RYFF THEORY OF PSYCHOLOGICAL WELLBEING



Hamilton Rating Scale for Depression

The Hamilton Rating Scale for Depression (HRSD) is the most popular psychiatric rating scale used to asses the depressive illness and grade them appropriately as, mild , moderate and severe depression . It can also be used to asses the change in symptoms of depression and asses how far the psychotrophic medications has worked in a patient with Depressive illness .

In 1960 Max Hamilton formulated and published this scale . Over a period of time it underwent revisions in 1966,[71] 1967,[72] 1969,[73] and 1980[74] . The Hamilton Rating Scale for Depression (HRSD) after revision it is also known as Hamilton Depression Rating Scale (HDRS) , in short HAM-D.

The HDRS was initially developed for hospital inpatients mainly for picking out melancholic and physical symptoms of Depression . It originally contained 17 items (HDRS17) pertaining to symptoms of depression experienced over the past week . In due course another 4 items were added making it 21 items totally used to assess the severity of the depression and also as an indicator for evaluating the process of recovery from depressive illness .

The list of questions are designed for the adults to quantify the presence of symptoms like sad mood , feelings of guilt , any suicidal ideas behind , loss of sleep , anxiety , loss of weight , psychomotor agitation or retardation and many other somatic complaints .

HAM-D scale was initially as the " Gold Standard " psychiatric rating scale for depression but later it was disapproved stating that this scale predominantly emphasized on the symptoms of insomnia rather than the much more grave symptoms of depression such as suicidal ideations and gestures .Hamilton had stated that this scale shall not be used as a diagnostic scale for depression [75].

The scoring pattern in Hamilton Depression Rating Scale :

Scores between 0-7 is said to be normal

Scores of 20 or above specify moderate, severe, or very severe depression [76].

Hamilton's depression rating scale initially scale consisted of 17 items, later on other versions it had been improvised to 29 items (HRSD-29).[77][78][79][80]

Hamilton Anxiety Rating Scale

One of the most widely used psychiatric rating scale for evaluation of anxiety symptoms is the Hamilton Anxiety Rating Scale . It is shortly denoted as HAM-A.The word anxiety means a kind of a apprehensive mental state , a type of a reaction on a particular dangerous situations , a psychiatric mobidity , or even a sort of personality trait [81].

Despite of many rating scales available for assessing the anxiety symptoms HAM-A still remains the most widely used by the clinicians [82]. In the year 1959 Hamilton published the Anxiety Rating Scale , today it is being used in clinical as well as research settings .

HAM-A consists of 14 items . Each item describes about a variety of clinical symptoms , some pertaining to the mind and some pertaining to the body . Psychiatric symptoms of anxiety include psychological distress, mental disturbance . Somatic anxiety include physical symptoms that are related to anxiety. Every single item in the scale comprises of a group of symptoms . out of this each group symptoms are graded from 0 to 4 , out of which four being the most severe .The main aim of this scale is to evaluate the severity of anxiety . Scale can be used for children adults and adolescents .

In the 14 items of HAM-A every single item has 5 point ratio scale. Every item has to be scored separate in the 5 point ratio scale . The marking of 0 indicates absence the distressing emotion. The marking of 1 indicates mild distressing emotion. The marking of 2 indicates moderatly distressing emotion . The marking of 3 indicates severely distressing emotion. The marking of 4 indicates very severely distressing emotion .

After completing the evaluation the investigator compiles a total score of all the fourteen items. It ranges anywhere between 0 to 56 .

The HAM-A scoring is interpreted as follows :

1) Mild Anxiety : A total score of 17 or less
2) Mild to Moderate Anxiety : A total score between 18 to 24
3) Moderate to Severe Anxiety : A total score between 25to 30

STATISTICAL ANALYSIS

The results obtained were analyzed using the following statistical methods. Descriptive statistics were computed. Categorical variables were described as frequencies and percentages. The Chi-Square test was used to compare categorical variables.. ANOVA and Pearson correlation co-efficient was also used .

☐T-test

☐Chi-square test

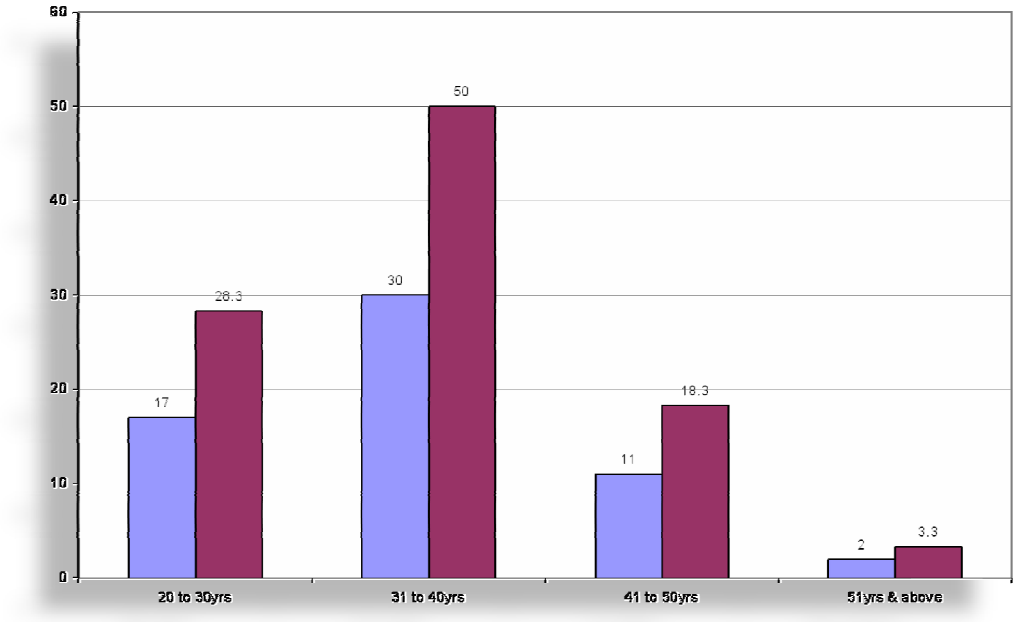
☐Analysis of variance (ANOVA)

RESULTS AND INTERPRETATIONS

Table 1 : Data regarding Age Distribution

Particulars	No.of respondents (n=60)	Percentage (100%)
20 to 30yrs	17	28.3
31 to 40yrs	30	50.0
41 to 50yrs	11	18.3
51yrs & above	2	3.3

Figure : 1 Data regarding Age Distribution

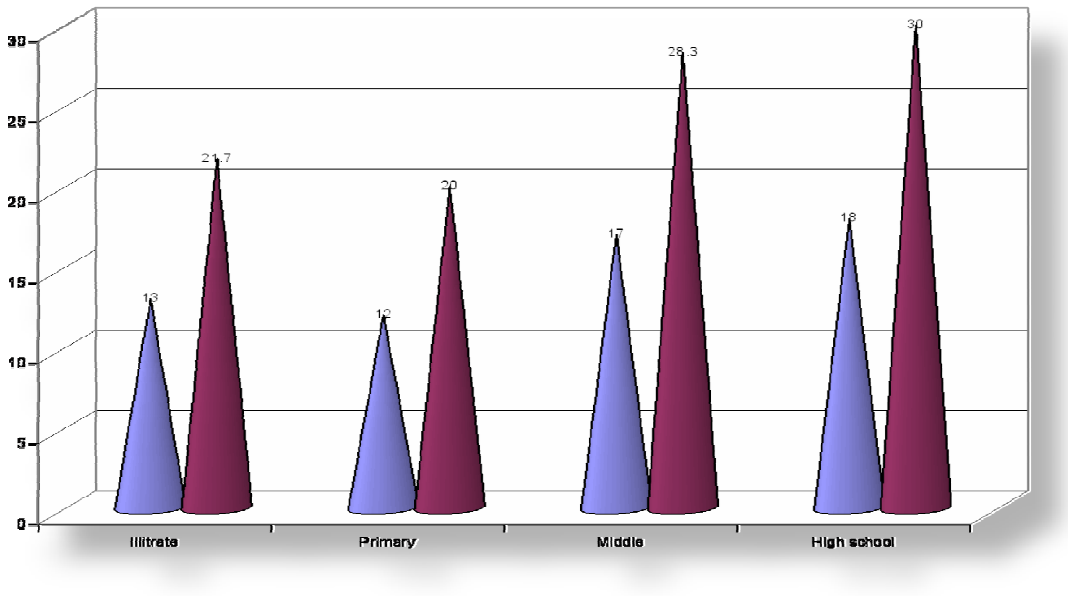


Majority of wives in both the groups are between the age group of 31- 40 years of age.

Table 2 : Data Regarding Educational Status

Particulars	No.of respondents (n=60)	Percentage (100%)
Illiterate	13	21.7
Primary	12	20.0
Middle	17	28.3
High school	18	30.0

Figure : 2 Data Regarding Educational Status

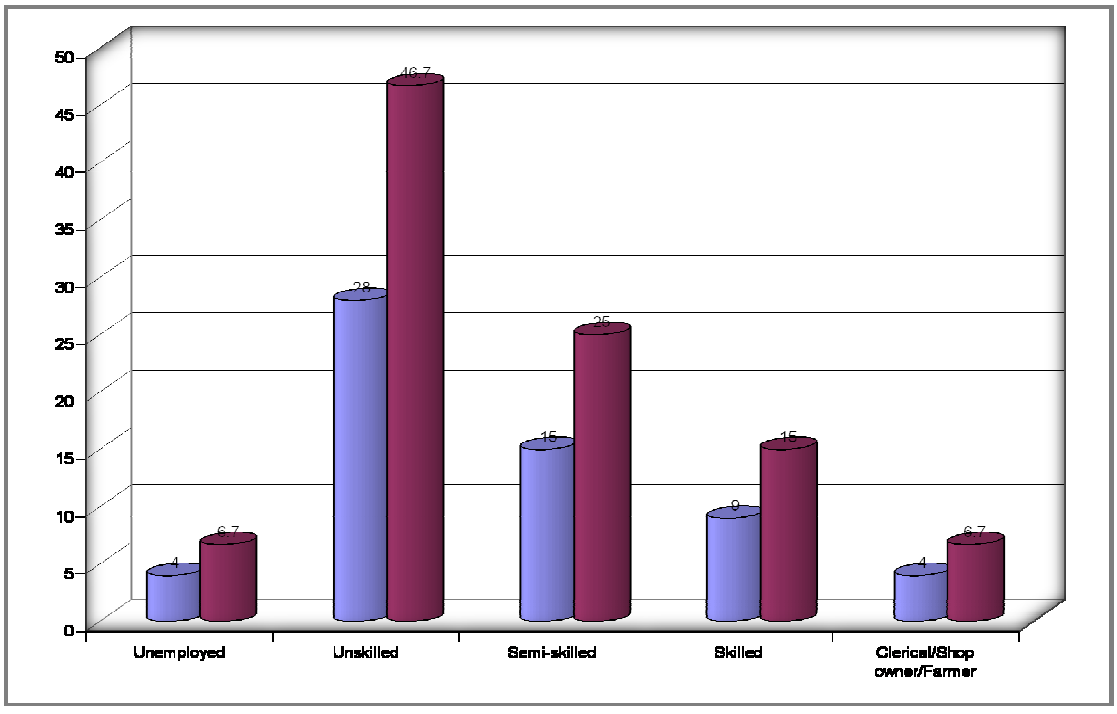


Majority of wives were found to be educated up to the middle school level.

Table 3 : Data Regarding Occupation

Particulars	No.of respondents (n=60)	Percentage (100%)
Unemployed	4	6.7
Unskilled	28	46.7
Semi-skilled	15	25.0
Skilled	9	15.0
Clerical/Shop owner/Farmer	4	6.7

Figure : 3 Data Regarding Occupation

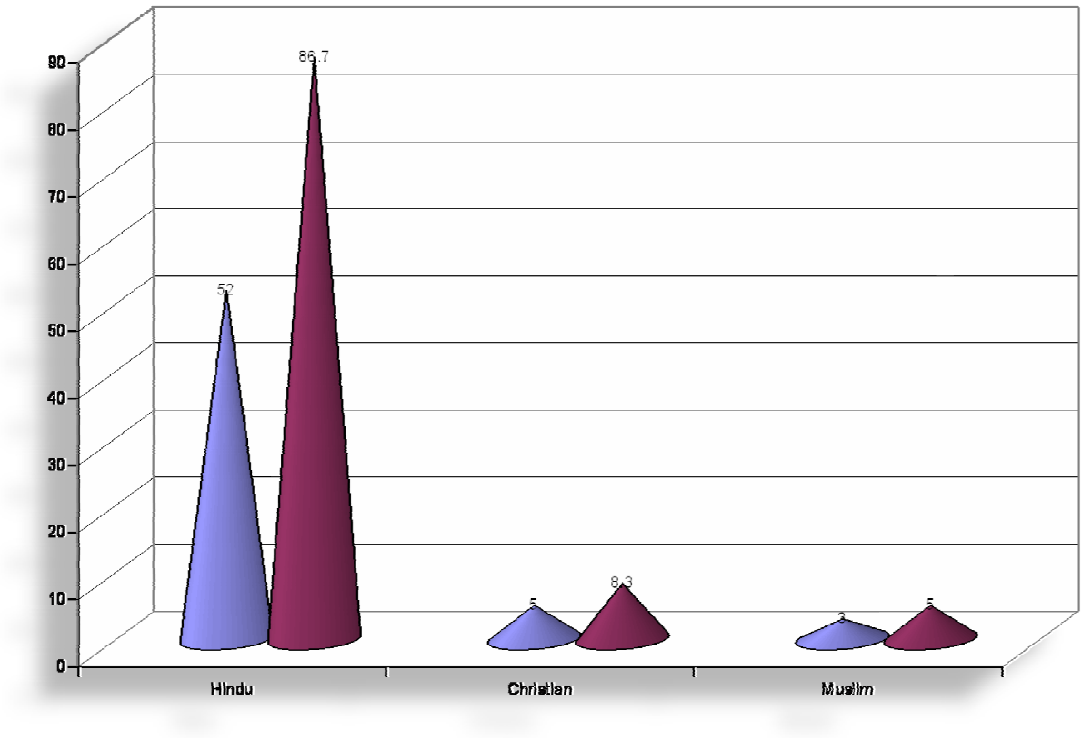


Majority of wives were found to be doing unskilled works as an occupation

Table :3 Data Regarding Religion

Particulars	No.of respondents (n=60)	Percentage (100%)
Hindu	52	86.7
Christian	5	8.3
Muslim	3	5.0

Figure : 3 Data Regarding Religion

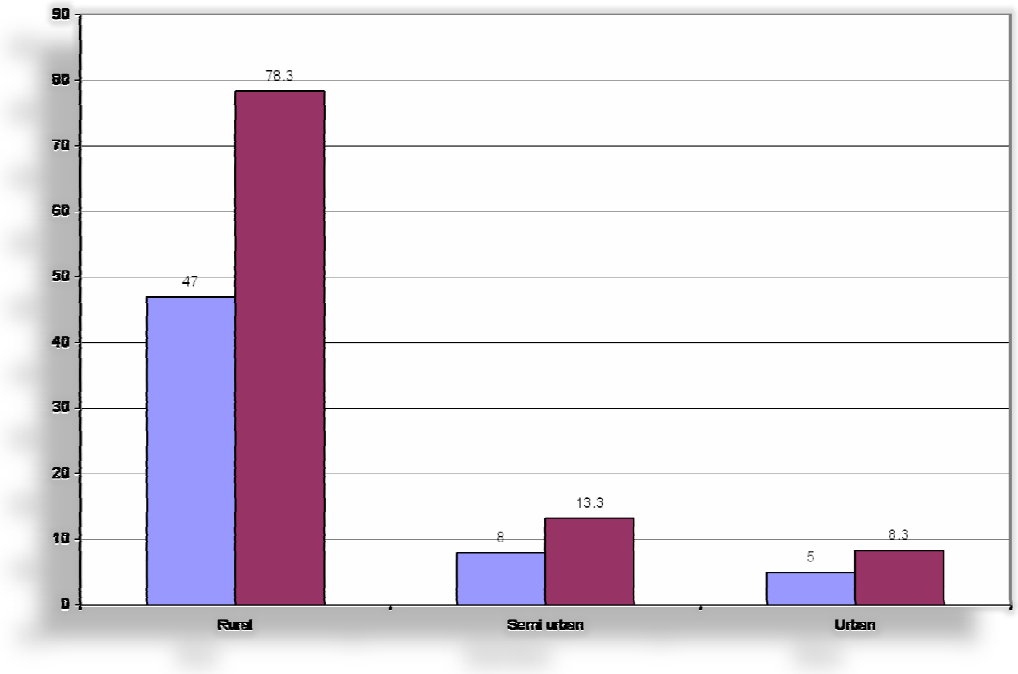


Majority of wives were found to be belonging to Hindu religion

Table : 4 Data regarding Domicile

Particulars	No.of respondents (n=60)	Percentage (100%)
Rural	47	78.3
Semi urban	8	13.3
Urban	5	8.3

Figure : 3 Data regarding Domicile

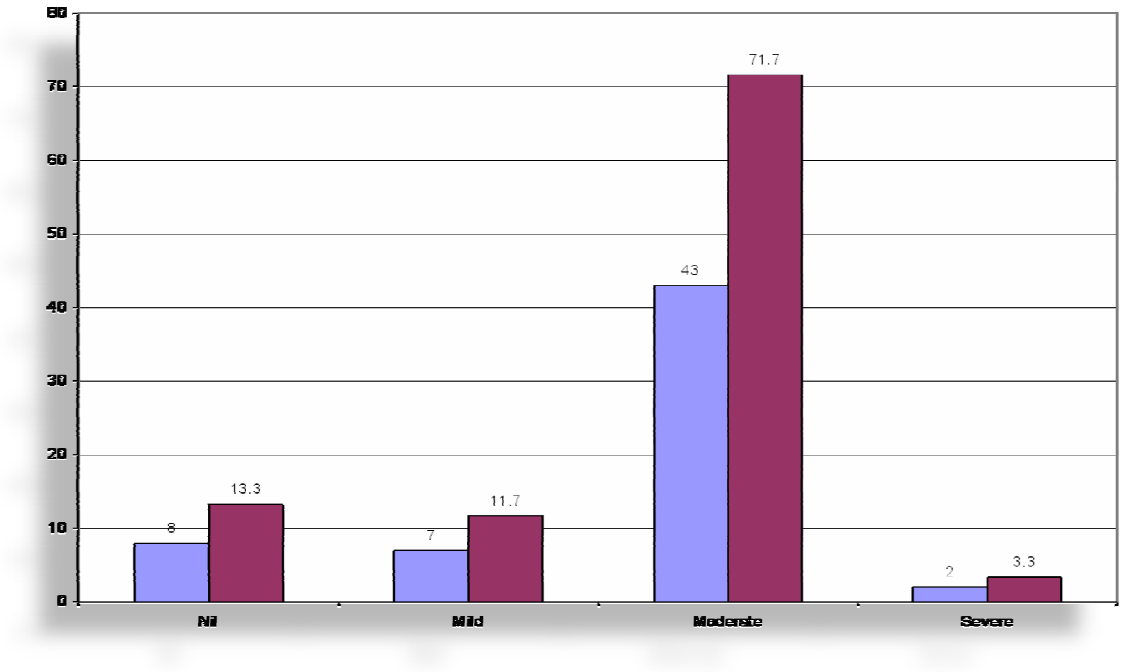


Majority of wives were hailing from rural areas

Table : 4 Data Regarding HAM – D Score

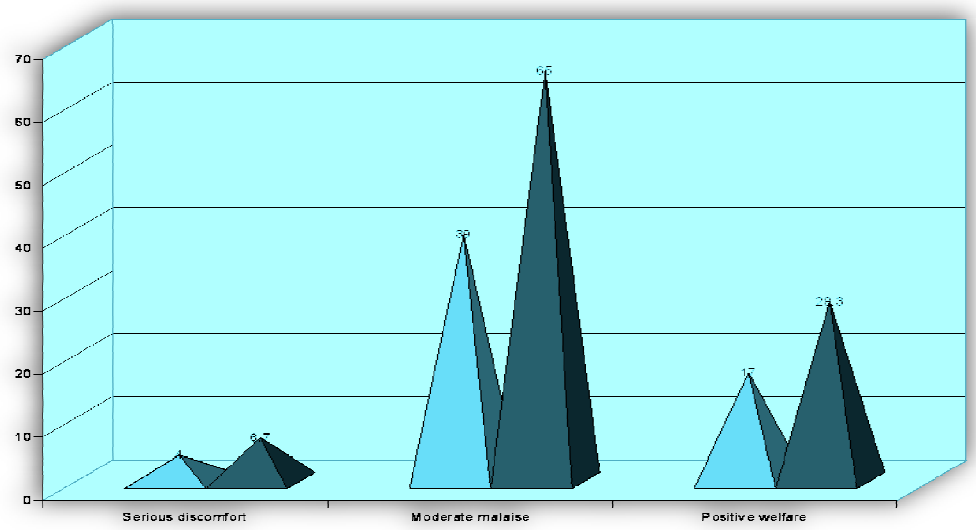
Particulars	No.of respondents (n=60)	Percentage (100%)
Nil	8	13.3
Mild	7	11.7
Moderate	43	71.7
Severe	2	3.3

Figure : 4 Data regarding incidence of Depression



(**n=60**) 43 % of the wives suffered Depression of a moderate category.

Figure:5 Psychological Well Being Index Scale (PWBI Scale)



72% of the wives were found to be psychologically distressed

Table : 5 Descriptive Statistics

Item	**Min.**	**Max.**	**Mean**	**S.D**
Age	20	52	35.52	7.113
PWBI-Scale	60	96	71.93	8.860
HAM-D Total Score	5	28	18.98	6.490

Table : 6 Chi-square test HAM-D / HAM-A/ PWBI-Scale

	Age										Statistical inference
	20 to 30yrs		31 to 40yrs		41 to 50yrs		51yrs & above		Total		
	(n=17)	*(100%)*	*(n=30)*	*(100%)*	*(n=11)*	*(100%)*	*(n=2)*	*(100%)*	*(n=60)*	*(100%)*	
HAM-D											
Nil	2	11.8%	4	13.3%	2	18.2%	0	.0%	8	13.3%	X^2 =6.797 Df=9 .658 >0.05 Not Significant
Mild	1	5.9%	6	20.0%	0	.0%	0	.0%	7	11.7%	
Moderate	14	82.4%	19	63.3%	8	72.7%	2	100.0 %	43	71.7%	
Severe	0	.0%	1	3.3%	1	9.1%	0	.0%	2	3.3%	
HAM-A											
Normal	14	82.4%	28	93.3%	11	100.0%	2	100.0 %	55	91.7%	X^2 =6.170 Df=6 .404 >0.05 Not Significant
Mild	2	11.8%	0	.0%	0	.0%	0	.0%	2	3.3%	
Moderate	1	5.9%	2	6.7%	0	.0%	0	.0%	3	5.0%	
PWBI-Scale											
Serious discomfort	2	11.8%	1	3.3%	1	9.1%	0	.0%	4	6.7%	X^2 =7.018 Df=6 .319 >0.05 Not Significant
Moderate malaise	10	58.8%	22	73.3%	7	63.6%	0	.0%	39	65.0%	
Positive welfare	5	29.4%	7	23.3%	3	27.3%	2	100.0 %	17	28.3%	

Table : 7 Chi-square test HAM-D/ HAM-A with variables

	Educational qualification										**Statistical inference**
	Illiterate		**Primary**		**Middle**		**High school**		**Total**		
	(n=13)	***(100%)***	***(n=12)***	***(100%)***	***(n=17)***	***(100%)***	***(n=18)***	***(100%)***	***(n=60)***	***(100%)***	
HAM-D											
Nil	1	7.7%	3	25.0%	2	11.8%	2	11.1%	8	13.3%	X^2=11.867 Df=9 .221>0.05 Not Significant
Mild	3	23.1%	3	25.0%	0	.0%	1	5.6%	7	11.7%	
Moderate	9	69.2%	5	41.7%	14	82.4%	15	83.3%	43	71.7%	
Severe	0	.0%	1	8.3%	1	5.9%	0	.0%	2	3.3%	
HAM-A											
Normal	13	100.0%	11	91.7%	15	88.2%	16	88.9%	55	91.7%	X^2=2.521 Df=6 .866>0.05 Not Significant
Mild	0	.0%	0	.0%	1	5.9%	1	5.6%	2	3.3%	
Moderate	0	.0%	1	8.3%	1	5.9%	1	5.6%	3	5.0%	

Table : 8 Data regarding psychological well being

PWBI-Scale											
Serious discomfort	1	7.7%	1	8.3%	1	5.9%	1	5.6%	4	6.7%	
Moderate malaise	11	84.6%	8	66.7%	10	58.8%	10	55.6%	39	65.0%	X^2=4.241 Df=6 .644>0.05 Not Significant
Positive wellbeing	1	7.7%	3	25.0%	6	35.3%	7	38.9%	17	28.3%	

Table : 9 Chi-square test – Sociodemographic profile

	Occupation												Statistical inference
	Unemployed		Unskilled		Semi-skilled		Skilled		Clerical/Shop owner/Farmer		Total		
	(n=4)	*(100%)*	*(n=28)*	*(100%)*	*(n=15)*	*(100%)*	*(n=9)*	*(100%)*	*(n=4)*	*(100%)*	*(n=60)*	*(100%)*	
HAM-D													
Nil	0	.0%	6	21.4%	1	6.7%	1	11.1%	0	.0%	8	13.3 %	X^2= 8.180 Df=12 .771> 0.05 Not Significant
Mild	1	25.0%	3	10.7%	3	20.0%	0	.0%	0	.0%	7	11.7 %	
Moderate	3	75.0%	18	64.3%	10	66.7%	8	88.9%	4	100.0%	43	71.7 %	
Severe	0	.0%	1	3.6%	1	6.7%	0	.0%	0	.0%	2	3.3%	
HAM-A													
Normal	4	100.0%	24	85.7%	15	100.0%	9	100.0%	3	75.0%	55	91.7 %	X^2= 7.584 Df=8 .475> 0.05 Not Significant
Mild	0	.0%	2	7.1%	0	.0%	0	.0%	0	.0%	2	3.3%	
Moderate	0	.0%	2	7.1%	0	.0%	0	.0%	1	25.0%	3	5.0%	
PWBI-Scale													
Serious discomfort	0	.0%	1	3.6%	2	13.3%	1	11.1%	0	.0%	4	6.7%	X^2= 4.632 Df=8 .796> 0.05 Not Significant
Moderate malaise	3	75.0%	21	75.0%	8	53.3%	5	55.6%	2	50.0%	39	65.0 %	
Positive welfare	1	25.0%	6	21.4%	5	33.3%	3	33.3%	2	50.0%	17	28.3 %	

Table : 10 Chi-square test HAM-D/ HAM-A/ PWBI-Scale

	Income								**Statistical inference**
	Below Rs.5001		**Rs.5001 to 7500**		**Rs.7501 & above**		**Total**		
	(n=28)	***(100%)***	***(n=23)***	***(100%)***	***(n=9)***	***(100%)***	***(n=60)***	***(100%)***	
HAM-D									
Nil	6	21.4%	2	8.7%	0	.0%	8	13.3%	X^2=6.325 Df=6 .388>0.05 Not Significant
Mild	4	14.3%	2	8.7%	1	11.1%	7	11.7%	
Moderate	18	64.3%	18	78.3%	7	77.8%	43	71.7%	
Severe	0	.0%	1	4.3%	1	11.1%	2	3.3%	
HAM-A									
Normal	26	92.9%	21	91.3%	8	88.9%	55	91.7%	X^2=5.309 Df=4 .257>0.05 Not Significant
Mild	0	.0%	2	8.7%	0	.0%	2	3.3%	
Moderate	2	7.1%	0	.0%	1	11.1%	3	5.0%	
PWBI-Scale									
Serious discomfort	0	.0%	3	13.0%	1	11.1%	4	6.7%	X^2=4.019 Df=4 .403>0.05 Not Significant
Moderate malaise	20	71.4%	14	60.9%	5	55.6%	39	65.0%	
Positive welfare	8	28.6%	6	26.1%	3	33.3%	17	28.3%	

Table : 11 Chi-square test Hindu/ Christian/ Muslim

	Religion								Statistical inference
	Hindu		Christian		Muslim		Total		
	(n=52)	*(100%)*	*(n=5)*	*(100%)*	*(n=3)*	*(100%)*	*(n=60)*	*(100%)*	
HAM-D									
Nil	7	13.5%	1	20.0%	0	.0%	8	13.3%	X^2=2.687 Df=6 .847>0.05 Not Significant
Mild	5	9.6%	1	20.0%	1	33.3%	7	11.7%	
Moderate	38	73.1%	3	60.0%	2	66.7%	43	71.7%	
Severe	2	3.8%	0	.0%	0	.0%	2	3.3%	
HAM-A									
Normal	47	90.4%	5	100.0%	3	100.0%	55	91.7%	X^2=.839 Df=4 .933>0.05 Not Significant
Mild	2	3.8%	0	.0%	0	.0%	2	3.3%	
Moderate	3	5.8%	0	.0%	0	.0%	3	5.0%	
PWBI-Scale									
Serious discomfort	3	5.8%	1	20.0%	0	.0%	4	6.7%	X^2=5.046 Df=4 .283>0.05 Not Significant
Moderate malaise	32	61.5%	4	80.0%	3	100.0%	39	65.0%	
Positive welfare	17	32.7%	0	.0%	0	.0%	17	28.3%	

Table : 12 Chi-square test / Type of family

	Type of family						Statistical inference
	Nuclear		Joint		Total		
	(n=54)	*(100%)*	*(n=6)*	*(100%)*	*(n=60)*	*(100%)*	
HAM-D							
Nil	6	11.1%	2	33.3%	8	13.3%	X^2=7.065 Df=4 .070>0.05 Not Significant
Mild	6	11.1%	1	16.7%	7	11.7%	
Moderate	41	75.9%	2	33.3%	43	71.7%	
Severe	1	1.9%	1	16.7%	2	3.3%	
HAM-A							
Normal	50	92.6%	5	83.3%	55	91.7%	X^2=2.088 Df=2 .352>0.05 Not Significant
Mild	2	3.7%	0	.0%	2	3.3%	
Moderate	2	3.7%	1	16.7%	3	5.0%	
PWBI-Scale							
Serious discomfort	4	7.4%	0	.0%	4	6.7%	X^2=1.109 Df=2 .574>0.05 Not Significant
Moderate malaise	34	63.0%	5	83.3%	39	65.0%	
Positive welfare	16	29.6%	1	16.7%	17	28.3%	

Table : 13 Chi-square test / Domicile

	Domicile								Statistical inference
	Rural		Semi urban		Urban		Total		
	(n=47)	*(100%)*	*(n=8)*	*(100%)*	*(n=5)*	*(100%)*	*(n=60)*	*(100%)*	
HAM-D									
Nil	8	17.0%	0	.0%	0	.0%	8	13.3%	X^2=3.523 Df=6 .741>0.05 Not Significant
Mild	5	10.6%	1	12.5%	1	20.0%	7	11.7%	
Moderate	32	68.1%	7	87.5%	4	80.0%	43	71.7%	
Severe	2	4.3%	0	.0%	0	.0%	2	3.3%	
HAM-A									
Normal	44	93.6%	6	75.0%	5	100.0%	55	91.7%	X^2=3.890 Df=4 .421>0.05 Not Significant
Mild	1	2.1%	1	12.5%	0	.0%	2	3.3%	
Moderate	2	4.3%	1	12.5%	0	.0%	3	5.0%	
PWBI-Scale									
Serious discomfort	3	6.4%	0	.0%	1	20.0%	4	6.7%	X^2=3.816 Df=4 .432>0.05 Not Significant
Moderate malaise	32	68.1%	4	50.0%	3	60.0%	39	65.0%	
Positive welfare	12	25.5%	4	50.0%	1	20.0%	17	28.3%	

Table : 14 Chi-square test / PWBI-Scale

HAM-D	PWBI-Scale								Statistical inference
	Serious discomfort		Moderate malaise		Positive welfare		Total		
	(n=4)	*(100%)*	*(n=39)*	*(100%)*	*(n=17)*	*(100%)*	*(n=60)*	*(100%)*	
Nil	0	.0%	7	17.9%	1	5.9%	8	13.3%	X^2=6.422 Df=6 .378>0.05 Not Significant
Mild	1	25.0%	6	15.4%	0	.0%	7	11.7%	
Moderate	3	75.0%	25	64.1%	15	88.2%	43	71.7%	
Severe	0	.0%	1	2.6%	1	5.9%	2	3.3%	

Table : 14 Chi-square test / PWBI-Scale

HAM-A	PWBI-Scale								Statistical inference
	Serious discomfort		Moderate malaise		Positive welfare		Total		
	(n=4)	*(100%)*	*(n=39)*	*(100%)*	*(n=17)*	*(100%)*	*(n=60)*	*(100%)*	
Normal	4	100.0%	35	89.7%	16	94.1%	55	91.7 %	X^2= 2.206 Df=4 .698 >0.05 Not Significant
Mild	0	.0%	1	2.6%	1	5.9%	2	3.3%	
Mode rate	0	.0%	3	7.7%	0	.0%	3	5.0%	

Figure : 5 Pie-Diagram Depicting the Percentage of Psychologically Distressed individuals

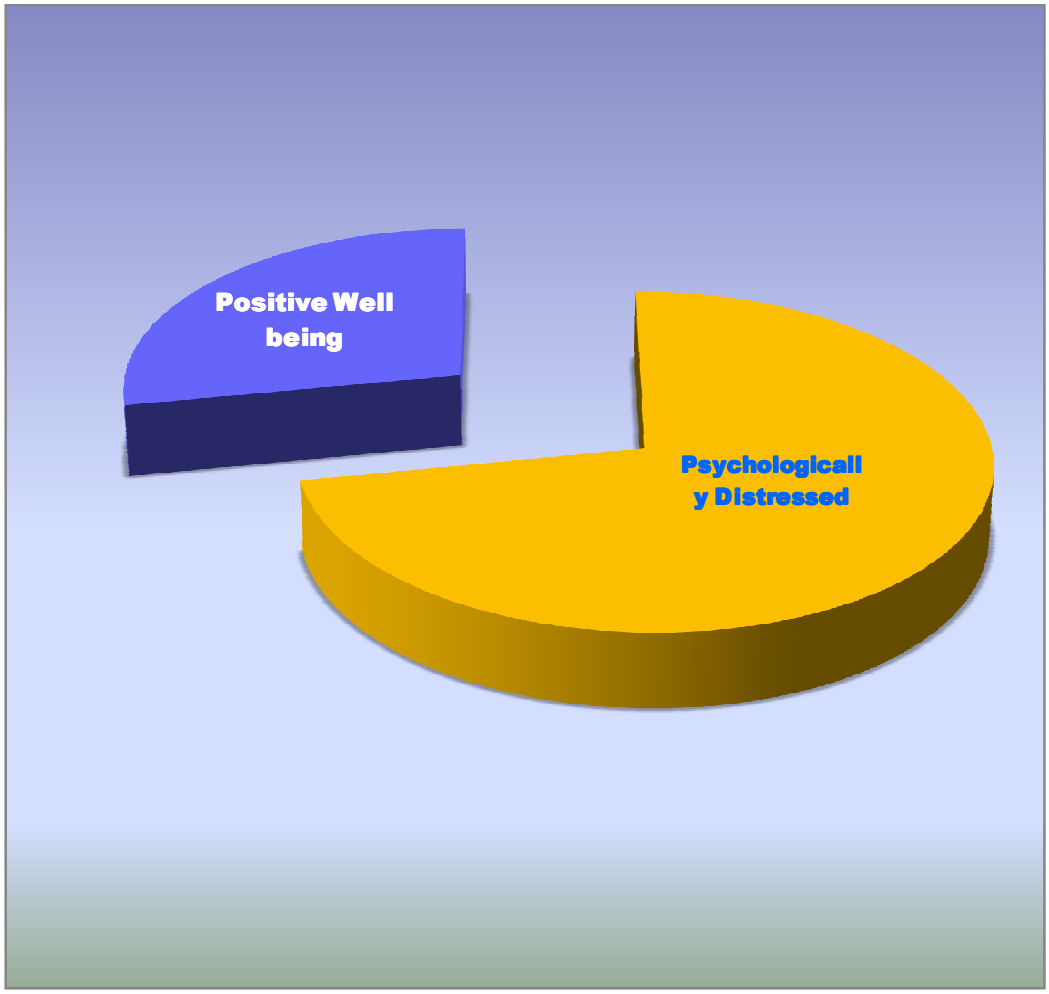
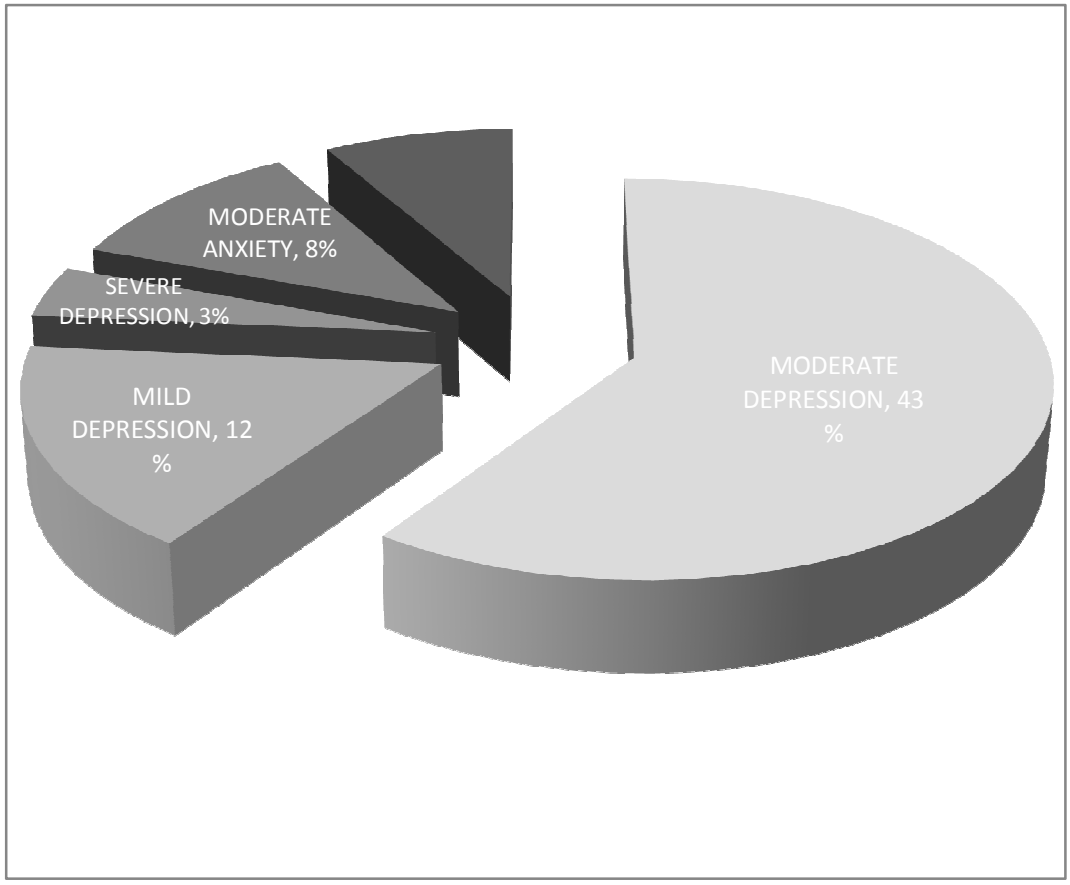


Figure: 6 Pie-Diagram Depicting the Percentage of Psychiatric Disorders



- Moderate Depression 43 %
- Mild Depression 12 %
- Severe Depression 3 %
- Moderate Anxiety 8 %
- Severe Anxiety 6 %

DISCUSSION

Alcohol use in a family members causes serious problems not only to the abuser but also to the innocent family members .It can affect the family and society in a variety of ways through unemployment, financial burden, and disrupting interpersonal relationships, , anti-social activities, promiscuous affairs, drunken driving , alcohol induced mental and physical disorders and many more. Among the family members alcoholic's wives were found to be the most affected than any others in the family . They are prone to physical abuse , verbal abuse subjected to an ongoing emotional distress and as a result deterioration in their Psychological wellbeing . Most often invariably they are deprived of adequate sexual relationships from their partner, this is again an important factor that impair their psychological well being .Due the alcoholic husband's frequent non-attendance in their work place , financial burden falls on the shoulders of their wives , the wife takes the role of leading the family on her shoulders .

This study was carried out on 60 wives of patients admitted for the treatment of Alcohol Dependence Syndrome in the male psychiatry ward of Department of Psychiatry Thanjavur Medical College Thanjavur.

The present study has been conducted from April 2014 and completed by September 2014 .

The Sociodemographic profile was evaluated in terms of age, religion, educational status, domicile distribution, occupation, income, , occupational distress, economic problems, history of psychiatric illness and socioeconomic status .

Majority of the wives were in between the age group of 31-40 years. This is similar to the findings of other investigators. Out of 60 individuals the age group between 31 to 40yrs acconted for 50% . Age group between 20 to 30yrs accounted for 28.3% . Age group between 41 to 50yrs accounted for 18.3%. Considering the 21.7 % were illiterate , 20% were found to be be educated up to primary school , 28.3% were educated up to middle school and 30.0 % up to high school . Among the wives of patients with Alcohol Dependence Syndrome, the total populace was to be significantly higher in Hindus amounting to 86.7 % , Christian community 8.3 % and muslim 5 % . Majority of wives were found to be educated up to the middle school level 28.3% .Majority of the women were hailing from the rural area 78.3%., from the semi – urban 13.3 % , and only 8.3% from the urban .

.Most of the wives were unemployed as reported by a previous study in which majority of the wives of patients with Alcohol Dependence Syndrome were unemployed[70]. Most of the patients belonged to low socioeconomic status.

PSYCHIATRIC MORBIDITY

The present study shows a high prevalence of psychiatric disorders in wives of patients with Alcohol Dependence Syndrome which has been reported by previous investigators as well.9, 11, 15, 16, 17, 18, 19, 20, 21 . Psychological Well Being Index scale (PWBI) was used to screen the Psychological well being in the wives of patients with alcohol dependant syndrome and it was found that around 72% of the wives had poor psychological well being. Invariably , most of them were suffering from symptoms of depression and anxiety . Taking this aspect into consideration the scales for Depression and anxiety were administered. The scale, Hamilton Depression Rating scale (HAM-D) for evaluating depression and the Hamilton Anxiety Rating scale for evaluating Anxiety were appropriately selected.

Selecting those 72% of the wives who were suffering from poor psychological well being of patients with Alcohol Dependence Syndrome , 43% were suffering from Depression of moderate category, 12% had mild depressive episode and 3% had severe depression.8% had Moderate Anxiety disorder, and 6 % had severe anxiety disorder . These findings were in consistent with the previous studies conducted by Kishor M et al , Pandit LV, Raguram R [55].

The present study reveals that there is a significant incidence of Depressive and Anxiety Disorders. Moderate depression found most commonly the in wives of patients with Alcohol Dependence Syndrome and is diagnosed in 43 wives of patients with Alcohol Dependence Syndrome . The diagnosis of mild depressive disorder was made in 12 wives of patients with Alcohol Dependence Syndrome .

Anxiety disorder is diagnosed in 8 wives of patients with Alcohol Dependence Syndrome moderate category and in 6 wives mild anxiety disorder was present.. The above findings indicate that wives of patients with Alcohol Dependence Syndrome tend to have a depressive and anxiety states predominantly .

In the present study, the total psychiatric morbidity as well as the psychiatric disorders have been compared with the various socio demographic and clinical variables to find out the relationship if any between them. Depression was found to be more common in women with lower education and this is statistically significant among the wives of patients with Alcohol Dependence Syndrome. Psychiatric disorders were more common in unemployed wives of patients with alcohol dependence syndrome. This has been reported by a previous study where employment is reported by the wives as a positive experience[15]. In the present study however, employment is not found to have statistically significant association with the total psychiatric morbidity. However,Depression is significantly higher in unemployed women among the wives of patients with Alcohol Dependence Syndrome. Majority of the wives with psychiatric disorders belong to LSES and this is significant in wives who have Depression among the wives of patients with Alcohol Dependence Syndrome. In the present study, no significant association is found between the domicile distribution and the total psychiatric morbidity. Most of the patients with psychiatric disorders resided in a rural area and significantly moderate Depression prevailed among the wives of patients with Alcohol Dependence Syndrome.

CONCLUSION

The present study concludes that the wives of patients with Alcohol Dependence Syndrome have significant psychiatric morbidity. The most common psychiatric disorder was Depression of a moderate category.

1. Wives of alcohol dependence were having poor psychological well-being.

2. Psychological well-being among wives of alcoholics does not vary significantly according to socio demographic profile.

3. Wives of alcohol dependence patients mental health was grossly affected leading to Psychiatric morbidity

4. Majority of the Psychiatric illness that prevailed in the wives of Alcohol Dependence Syndrome patients was Moderate depressive illness .

5. The next Psychiatric illness that prevailed in the wives of alcohol dependence patients was Anxiety disorder .

LIMITATIONS

The present study was carried out in the psychiatry ward of ,the Department of Psychiatry , Thanjavur Medical College , Thanjavur , in a limited period of time from April 2014 to September 2014 . It has several limitations and certain relative merits. Some of the limitations are due to natural constraints of an investigation which is a thesis work undertaken by a single investigator in a stipulated period of time.

The size of the sample and controls are sufficient to calculate the prevalence and nature of psychopathology and psychiatric morbidity, but a larger sample size would be required to enhance the reliability and validity of the results. The present study is an observational cross sectional clinical study examining the frequency and nature of psychiatric disorders in wives of patients with Alcohol Dependence Syndrome and its association with the socio demographic and clinical variables.

The subjects are assessed on one occasion only .The tools used have adequate established reliability and validity. All the tools are rater friendly, easy to administer, less time consuming thereby causing no discomfort to the patients.

The present investigator used a PWBI scale to asses the Psychological well being among the wives of patients with Alcohol Dependance Syndrome , Hamilton Depression Rating scale and Hamilton Anxiety Rating scale to assess the incidence of Depressive illnesses and Anxiety disorders respectively . Despite its limitations the present study definitely indicates that there is significant psychiatric morbidity in wives of patients with Alcohol Dependence Syndrome .

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ANNEXURE-I

INFORMED CONSENT FORM

I,…… am exercising my free power of choice, hereby give my consent to be included in the study on " Alcoholism Related Psychological Trauma And Psychiatric Disorders In Wives Of Alcoholics " This study is carried out to understand about the psychological distress and the Psychiatric disorders among the wives of alcoholics.

To my best satisfaction, the investigator has informed me about the purpose of the study and the methods by which the study is to be conducted in my own language.

I have been made aware that my participation in the study does not involve any change in the ongoing treatment. I have also been made aware of my right to opt out of the study at any time during the course of the study, without assigning any reason for doing so.

Signature of the Researcher Signature of the subject

Date: Date:

ANNEXURE - II

SOCIODEMOGRAPHIC AND CLINICAL DATA SHEET:

NAME : ----------

AGE : ---------- years.

SEX: 1) Female

EDUCATION:

1)ILLITERATE 2)PRIMARY SCHOOL 3)MIDDLE SCHOOL

4)HIGH SCHOOL 5)DIPLOMA 6)GRADUATE/ POST GRADUATE

7)PROFESSIONAL/HONOURS

OCCUPATION:

1) UNEMPLOYED 2)UNSKILLED WORKER 3)SEMI-SKILLED

WORKER 4)SKILLED WORKER 5)CLERICAL/SHOP

OWNER/ FARMER 6)SEMI- PROFESSION 7)PROFESSION

INCOME: ---------- (Rupees per month)

RELIGION: 1)HINDU 2)CHRISTIAN 3)MUSLIM 4)OTHERS

TYPE OF FAMILY: 1)NUCLEAR 2)JOINT FAMILY

AREA OF RESIDENCE: 1) Rural 2) Urban

PAST H/O MENTAL ILLNESS : YES/ NO

H/O CHRONIC MEDICAL ILLNESS: YES/NO

ANNEXURE - III

PSYCOLOGICAL GENERAL WELL BEING INDEX

1. How have you been feeling in general during the past month?

In excellent spirits	5
In very good spirits	4
In good spirits mostly	3
I have been up and down in spirits a lot	2
In low spirits mostly	1
In very low spirits	0

2. How often were you bothered by any illness, bodily disorder, aches or pains during the past month?

Every day	0
Almost every day	1
About half of the time	2
Now and then, but less than half the time	3
Rarely	4
None of the time	*5*

3. Did you feel depressed during the past month?

Yes - to the point that I felt like taking my life	0
Yes - to the point that I did not care about anything	1
Yes very depressed almost every day	2
Yes - quite depressed several' times	3
Yes - a little depressed now and then	4
No - never felt depressed at all	*5*

4. Have you been in firm control of your behavior, thoughts, emotions or feelings during the past Month?

Yes, defmitely so	5
Yes, forthe mostpart.	4
Generally so	3
Not too well	2
No, and I am somewhat disturbed	1
No, and I am very disturbed	0

5. **Have you been bothered by nervousness or your "nerves" during the past month?**

Extremely so - to the point where I could not work or take care of things	0
Verymuchso	1
Quiteabit	2
Some - enough to bother me	3
Alittle	4
Notatall	5

6. How much energy, pep, or vitality did you have or feel during the past month?

Very lull of energy - lots of pep	*5*
Fairly energetic most of the time	4
My energy level varied quite a bit .	3
Generally low in energy or pep	2
Very low in energy or pep most of the time	1
No energy or pep at all - I felt drained, sapped	0

7.I felt downhearted and blue during the past month.

None of the time	*5*
A little of the time	4
Some of the time	3
Agood bit of the time	2
Most of the time	1
All of the time	0

8.Were you generally tense or did you feel any tension during the past month?

Yes - extremely tense, most or all of the time	0
Yes - very tense most of the time	1
Not generally tense, but did feel fairly tense several times	2
I felt a little tense a few times	3
My general tension level was quite low	4
I never felt tense or any tension at all	*5*

9. How happy, satisfied, or pleased have you been with your personal life during the past month?

Extremely happy - could not have been more satisfied or pleased	5
Very happy most of the time	4
Generally satisfied - pleased	3
Sometimes fairly happy, sometimes fairly unhappy	2
Generally dissatisfied or unhappy	1
Very dissatisfied or unhappy most or all the time	0

10. Did you feel healthy enough to carry out the things you like to do or had to do during the past month?

Yes - definitely so	5
Forthemostpart	4
Health problems limited me in some important ways	3
I was only healthy enough to take care of myself	2
I needed some help in taking care of myself	1
I needed someone to help me with most or all of the things	0
I had to do	

11. Have you felt so sad, discouraged, hopeless, or had so many problems that you wondered if anything was worthwhile during the past month?

Extremely so - to the point that I have just about given up	0
Very much so	1
Quite a bit	2
Some - enough to bother me	3
A little bit	4
Notatall	*5*

12.I woke up feeling fresh and rested during the past month

None of the time	0
A little of the time .	1
Some of the time	2
A good bit of the time	3
Most of the time	4
Allofthetime	5

13. Have you been concerned, worried, or had any fears about your health during the past month?

Extremely so	0
Very much so	1
Quite a bit	2
Some, but not a lot	3
Practically never	4
Notatall	5

14. Have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, feel or of your memory during the past month?

Not at all	*5*
Only a little	4
Some - but not enough to be concerned or worried about	3
Some and I have been a little concerned	2
Some and I am quite concerned	1
Yes, very much so and I am very concerned	0

15. My daily life was full of things that were interesting to me during the past month.

None of the time	0
A little of the time	1
Some of the time	2
A good bit of the time	3
Most of the time	4
All of the time	*5*

16. Did you feel active, vigorous, or dull, sluggish during the past month?

Very active, vigorous every day.	5
Mostly active, vigorous - never really dull, sluggish	4
Fairly active, vigorous - seldom dull, sluggish	3
Fairly dull, sluggish - seldom active, vigorous	2
Mostly dull, sluggish - never really active, vigorous	1
Very dull, sluggish every day	0

17. Have you been anxious, worried, or upset during the past month?

Extremely so - to the point of being sick or almost sick	0
Very much so	1
Quite a bit	2
Some - enough to bother me	3
A little bit	4
Notatall	5

18. I was emotionally stable and sure of myself during the past month.

None of the time	0
A little of the time	1
Some of the time	2
A good bit of the time	3
Most of the time	4
All of the time	5

19. Did you feel relaxed, at ease or high strung, tight, or keyed-up during the past month?

Felt relaxed and at ease the whole month	5
Felt relaxed and at ease most of the time	4
Generally felt relaxed but at times felt fairly high strung	3
Generally felt high strung but at times felt fairly relaxed	2
Felt high strung, tight, or keyed-up most of the time	1
Felt high strung, tight, or keyed-up the whole month	0

20. I fell cheerful, light hearted during the past month.

None of the time	0
A little of the time	1
Some of the time	2
A good bit of the time	3
Most of the time	4
All of the time	5

21. Ifelt tired, worn out, used up, or exhausted during the past month.

None of the time	*5*
A little of the time	4
Some of the time	3
A good bit of the time	2
Most of the time	1
All of the time	0

22. Have you been under or felt you were under any strain, stress, or pressure during the past month?

Yes - almost more than I could bear or stand	0
Yes - quite a bit of pressure	1
Yes, some - more than usual	2
Yes, some - but about usual	3
Yes-alittle	4
Not at all	*5*

ANNEXURE - IV

THE HAMILTON RATING SCALE FOR DEPRESSION (HAM-D)

Patient's Name :

Date of Assessment :

To rate the severity of depression in patients who are already diagnosed as depressed, administer this questionnaire. The higher the score, the more severe the depression.

For each item, write the correct number on the line next to the item. (Only one response per item)

1. DEPRESSED MOOD (Sadness, hopeless, helpless, worthless)
- **0=** Absent
- **1=** These feeling states indicated only on questioning
- **2=** These feeling states spontaneously reported verbally
- **3=** Communicates feeling states non-verbally—i.e., through facial expression, posture, voice, and tendency to weep
- **4=** Patient reports VIRTUALLY ONLY these feeling states in hisspontaneous verbal and nonverbal communication

2. FEELINGS OF GUILT
- **0=** Absent
- **1=** Self reproach, feels he has let people down
- **2=** Ideas of guilt or rumination over past errors or sinful deeds
- **3=** Present illness is a punishment. Delusions of guilt
- **4=** Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations

3. SUICIDE
- **0=** Absent
- **1=** Feels life is not worth living
- **2=** Wishes he were dead or any thoughts of possible death to self
- **3=** Suicidal ideas or gesture
- **4=** Attempts at suicide (any serious attempt rates 4)

4. INSOMNIA EARLY

0= No difficulty falling asleep

1= Complains of occasional difficulty falling asleep.i.e., more than 1/2 hour

2= Complains of nightly difficulty falling asleep

5. INSOMNIA MIDDLE

0= No difficulty

1= Patient complains of being restless and disturbed during the night

2= Waking during the night—any getting out of bed rates 2 (except for purposes of voiding)

6. INSOMNIA LATE

0= No difficulty

1= Waking in early hours of the morning but goes back to sleep

2= Unable to fall asleep again if he gets out of bed

7. WORK AND ACTIVITIES

0= No difficulty

1= Thoughts and feelings of incapacity, fatigue or weakness related to activities; work or hobbies

2= Loss of interest in activity; hobbies or work—either directly reported by patient, or indirect in listlessness, indecision and vacillation (feels he has to push self to work or activities)

3= Decrease in actual time spent in activities or decrease in productivity

4= Stopped working because of present illness

8. RETARDATION: PSYCHOMOTOR (Slowness of thought and speech; impaired ability to concentrate; decreased motor activity)

0= Normal speech and thought

1= Slight retardation at interview

2= Obvious retardation at interview

3= Interview difficult

4= Complete stupor

9. AGITATION

0= None

1= Fidgetiness

2= Playing with hands, hair, etc.

3= Moving about, can't sit still

4= Hand wringing, nail biting, hair-pulling, biting of lips

10. ANXIETY (PSYCHOLOGICAL)

0= No difficulty
1= Subjective tension and irritability
2= Worrying about minor matters
3= Apprehensive attitude apparent in face or speech
4= Fears expressed without questioning

11. ANXIETY SOMATIC: Physiological concomitants of anxiety, (i.e., effects of autonomic overactivity, "butterflies," indigestion, stomach cramps, belching, diarrhea, palpitations, hyperventilation, paresthesia, sweating, flushing, tremor, headache, urinary frequency). Avoid asking about possible medication side effects (i.e., dry mouth, constipation)

0= Absent
1= Mild
2= Moderate
3= Severe
4= Incapacitating

12. SOMATIC SYMPTOMS (GASTROINTESTINAL)

0= None
1= Loss of appetite but eating without encouragement from others. Food intake about normal
2= Difficulty eating without urging from others. Marked reduction of appetite and food intake

13. SOMATIC SYMPTOMS GENERAL

0= None
1= Heaviness in limbs, back or head. Backaches, headache, muscle aches. Loss of energy and fatigability
2= Any clear-cut symptom rates 2

14. GENITAL SYMPTOMS (Symptoms such as: loss of libido; impaited sexual performance; menstrual disturbances)

0= Absent
1= Mild
2= Severe

15. HYPOCHONDRIASIS

0= Not present
1= Self-absorption (bodily)
2= Preoccupation with health
3= Frequent complaints, requests for help, etc.

4= Hypochondriacal delusions

16. LOSS OF WEIGHT

A. When rating by history:

0= No weight loss

1= Probably weight loss associated with present illness

2= Definite (according to patient) weight loss

3= Not assessed

17. INSIGHT

0= Acknowledges being depressed and ill

1= Acknowledges illness but attributes cause to bad food, climate, overwork, virus, need for rest, etc.

2= Denies being ill at all

18. DIURNAL VARIATION

A. Note whether symptoms are worse in morning or evening. If NO diurnal variation, mark none

0= No variation

1= Worse in A.M.

2= Worse in P.M.

B. When present, mark the severity of the variation. Mark "None" if NO variation

0= None

1= Mild

2= Severe

19. DEPERSONALIZATION AND DEREALIZATION

(Such as: Feelings of unrealty; Nihilistic ideas)

0= Absent

1= Mild

2= Moderate

3= Severe

4= Incapacitating

20. PARANOID SYMPTOMS

0= None

1= Suspicious

2= Ideas of reference

3= Delusions of reference and persecution

21. OBSESSIONAL AND COMPULSIVE SYMPTOMS

0= Absent

1= Mild

2= Severe

Total Score _____

ANNEXURE - IV

HAMILTON ANXIETY SCALE (HAM-A)

Patient Name : Today's Date:

The Hamilton Anxiety Scale (HAM-A) is a rating scale developed to quantify the severity ofanxiety symptomatology often used in psychotropic drug evaluation. It consists of 14 items, each defined by a series ofsymptoms. Each item is rated on a 5-point scale, ranging from 0 (not present) to 4 (several)

0 = Not present to 4 = Severe

Score

1. ANXIOUS MOOD

- Worries
- Anticipates worst

2. TEN SION

- Startles
- Cries easily
- Restless
- Trembling

3. FEARS

- Fear of the dark
- Fear ofstrangers
- Fear of being alone
- Fear of animal

4. INSOMNI.A

- Difficulty falling asleep or staying asleep
- Difficulty with Nightmares

5. INTELLECTUAL

- Poor concentration
- Memory Impairment

6. DEPRFSSED MOOD

- Decreased interest in activities
- Anhedoni
- Insomnia

7. SOMATIC COMPLAINTS: MUSCULAR

- Muscle aches or pains
- Bruxism

8. **SOMATIC COMPLAINTS: SENSORY**

- Tinnitus
- Blurred vision

9.CARDIOVASCULAR SYMPTOMS

- Tachycardia
- Palpitations
- Chest Pain
- Sensation offeeling faint

10. RESPIR/VIORYSYMPTOMS

- Chest pressure
- Choking sensation
- Shortness of Breath

11. GASTROINTESTINALSYMPTOMS

- Dysphagia
- Nausea or Vomiting Constipation
- Weight loss
- Abdominal fitllness

12. GEN ITOU RIN ARY SYMPTOMS

- Urinary frequency or urgency
- Dysmenorrhea
- Impotence

13. AUTONOMIC SYMPTOMS

- Dry Mouth
- Flushing
- Pallor
- Sweating

14. BEHAVIOR AT INTERVIEW

- Fidgets
- Tremor
- Paces

S.No.	Name	Age	Education	Occupation	Income	Religion	Family Type-Nuclear	Domicile	PWBI-Scale	HAM-D1	HAM-D2	HAM-D3	HAM-D4
1	Mrs.Vijayashanthi	26/F	1	2	2	1	1	1	70	1	0	1	2
2	Mrs.Mahalakshmi	25/F	4	3	2	1	1	1	71	2	0	2	1
3	Mrs.Tamilarasi	23/F	4	2	1	1	1	1	82	2	1	2	1
4	Mrs.Kalaimagal	20/F	4	2	1	1	1	1	69	2	0	2	1
5	Mrs.Jayalakshmi	28/F	3	2	2	1	1	1	67	1	0	0	0
6	Mrs.Vasantha	44/F	2	3	2	1	1	1	86	0	0	2	2
7	Mrs.Amutha	28/F	1	2	2	1	1	2	65	2	1	2	1
8	Mrs.Radhika	30/F	4	1	1	1	1	1	69	0	0	1	0
9	Mrs.Pavithra	34/F	4	2	3	1	1	2	80	0	0	0	1
10	Mrs.Sahar Banu	35/F	3	4	3	3	2	1	67	1	0	0	0
11	Mrs.Kanimozhi	42/F	4	2	2	1	1	1	76	2	0	2	1
12	Mrs.Meena	36/F	2	2	1	1	1	2	72	2	0	1	0
13	Mrs.Vidhya	27/F	1	5	1	1	1	1	64	1	2	1	2
14	Mrs.Varsha	28/F	4	2	2	1	1	2	84	1	0	1	0
15	Mrs.Latha	33/F	1	4	3	1	1	1	80	2	1	1	2
16	Mrs.Sasikala	38/F	2	5	1	1	1	2	66	1	0	1	0
17	Mrs.Mala	29/F	3	3	1	1	1	1	86	2	0	2	1
18	Mrs.Nirmala	32/F	2	2	1	1	1	1	68	0	0	1	0
19	Mrs.Periyanayaki	34/F	4	2	2	1	1	2	90	0	0	0	1
20	Mrs.Jayanthi	26/F	3	4	1	1	1	1	64	2	0	2	1
21	Mrs.Sathya	28/F	3	3	1	1	1	1	85	2	1	1	2
22	Mrs.Shanthi	37/F	4	4	2	1	1	2	78	1	0	1	2
23	Mrs.Govindammal	38/F	3	2	3	1	2	1	67	2	0	2	1
24	Mrs.Jayaseela	41/F	1	3	1	1	1	3	70	0	2	1	2
25	Mrs.Parameshwari	40/F	3	1	2	1	1	1	84	0	0	0	1
26	Mrs.Nandhini	36/F	4	2	1	1	1	2	71	2	0	2	1
27	Mrs.Kavitha	38/F	3	2	2	1	1	1	69	0	0	1	0
28	Mrs.Sumathi	45/F	2	3	1	1	1	3	80	2	0	2	1
29	Mrs.Usharani	35/F	4	3	1	1	1	1	70	1	0	1	2
30	Mrs.Selvi	43/F	2	3	1	1	2	1	67	1	0	1	0

S.No.	Name	Age	Education	Occupation	Income	Religion	Family Type-Nuclear	Domicile	PWBI-Scale	HAM-D1	HAM-D2	HAM-D3	HAM-D4
31	Mrs.Dhivya	37/F	4	2	2	1	1	3	64	1	0	1	2
32	Mrs.Rajakumari	35/F	1	1	1	1	1	1	70	2	0	2	1
33	Mrs.Viji	34/F	2	4	1	1	2	1	86	0	0	1	0
34	Mrs.Rubi	29/F	4	3	2	2	1	3	60	2	0	2	1
35	Mrs.Daisy	32/F	1	2	3	2	1	1	64	2	0	2	1
36	Mrs.Margret	38/F	1	2	2	2	1	1	70	0	0	1	0
37	Mrs.Hasina	34/F	2	3	2	3	1	1	68	1	0	1	2
38	Mrs.Kavitha	40/F	3	2	1	1	1	1	90	2	0	2	1
39	Mrs.Malarkodi	38/F	4	3	1	1	2	1	65	0	0	1	0
40	Mrs.Manjula	29/F	3	2	2	1	1	1	60	1	0	1	2
41	Mrs.Selvanayaki	36/F	1	2	2	1	1	1	67	2	0	2	1
42	Mrs.Alagumeena	37/F	4	2	2	1	1	1	70	0	0	1	0
43	Mrs.Uma	23/F	4	3	1	1	1	1	96	1	0	1	2
44	Mrs.Jayanthi	42/F	3	2	3	1	1	1	68	2	0	2	1
45	Mrs.Jerinabegum	36/F	1	1	3	3	2	1	66	0	0	1	0
46	Mrs.Pavithra	39/F	3	2	2	1	1	1	70	1	0	1	2
47	Mrs.Tamilselvi	50/F	3	4	1	1	1	1	64	2	0	2	1
48	Mrs.Kanmani	42/F	2	2	1	1	1	1	68	0	0	1	0
49	Mrs.Elakkiya	40/F	1	2	2	1	1	1	65	1	0	1	0
50	Mrs.Jayalakshmi	51/F	3	5	3	1	1	1	92	2	0	2	1
51	Mrs.Kanaga	44/F	2	2	1	1	1	1	70	0	0	1	0
52	Mrs.Parimala	34/F	1	4	1	1	1	1	66	2	1	1	2
53	Mrs.Amaravathi	52/F	3	5	1	1	1	1	82	2	0	2	1
54	Mrs.Jayashree	34/F	1	3	2	1	1	1	60	0	0	1	0
55	Mrs.Punitha	29/F	3	2	1	1	1	1	70	0	0	0	0
56	Mrs.Sutha	28/F	4	4	1	1	1	1	69	2	0	2	1
57	Mrs.Banumathi	37/F	3	3	2	1	1	1	67	2	1	1	2
58	Mrs.Leela	45/F	2	4	3	1	1	1	60	1	0	1	2
59	Mrs.Yasthar	48/F	4	2	2	2	1	1	64	2	0	2	1
60	Mrs.Jesintha Mary	39/F	2	3	1	2	1	3	68	1	0	1	2

S.No.	Name	HAM-D5	HAM-D6	HAM-D7	HAM-D8	HAM-D9	HAM-D10	HAM-D11	HAM-D12	HAM-D13	HAM-D14	HAM-D15	HAM-D15	HAM-D16	HAM-D17
1	Mrs.Vijayashanthi	1	0	1	0	0	0	2	1	1	0	0	0	0	1
2	Mrs.Mahalakshmi	0	2	1	0	2	1	1	2	1	0	1	2	0	3
3	Mrs.Tamilarasi	2	0	1	2	0	1	2	0	0	1	2	1	1	0
4	Mrs.Kalaimagal	0	2	1	0	2	1	1	2	1	0	1	2	0	3
5	Mrs.Jayalakshmi	0	0	1	0	2	0	0	1	2	3	1	2	1	1
6	Mrs.Vasantha	2	2	1	2	1	0	0	1	1	1	2	2	2	2
7	Mrs.Amutha	2	0	1	2	0	1	2	0	0	1	2	1	1	0
8	Mrs.Radhika	0	0	1	0	0	0	1	0	1	0	0	1	0	0
9	Mrs.Pavithra	1	1	2	1	1	2	2	0	1	2	1	2	0	1
10	Mrs.Sahar Banu	0	0	1	0	2	0	0	1	2	3	1	2	1	1
11	Mrs.Kanimozhi	0	2	1	0	2	1	1	2	1	0	1	2	0	3
12	Mrs.Meena	1	0	0	1	0	0	0	1	0	1	1	1	0	2
13	Mrs.Vidhya	1	1	1	1	0	0	2	0	1	1	0	1	2	1
14	Mrs.Varsha	0	1	1	0	1	2	2	1	1	0	1	2	3	1
15	Mrs.Latha	1	0	2	1	1	0	0	1	1	2	1	1	0	1
16	Mrs.Sasikala	0	1	1	0	1	2	2	1	1	0	1	2	3	1
17	Mrs.Mala	0	2	1	0	2	1	1	2	1	0	1	2	0	3
18	Mrs.Nirmala	1	0	0	1	0	2	0	1	2	0	2	1	0	2
19	Mrs.Periyanayaki	1	1	2	1	1	2	2	0	1	2	1	2	0	1
20	Mrs.Jayanthi	0	2	1	0	2	1	1	2	1	0	1	2	0	3
21	Mrs.Sathya	1	0	2	1	1	0	0	1	1	2	1	1	0	1
22	Mrs.Shanthi	1	0	1	0	0	0	2	1	1	2	0	2	0	2
23	Mrs.Govindammal	0	2	1	0	2	1	1	2	1	0	1	2	1	3
24	Mrs.Jayaseela	2	2	0	1	1	2	1	1	0	0	0	1	0	0
25	Mrs.Parameshwari	1	1	2	1	1	2	2	0	1	2	1	2	0	1
26	Mrs.Nandhini	0	2	1	0	2	1	1	2	1	0	1	2	0	3
27	Mrs.Kavitha	1	0	0	1	0	0	0	1	0	0	0	1	0	0
28	Mrs.Sumathi	0	2	1	0	2	1	1	2	1	0	1	2	0	3
29	Mrs.Usharani	1	0	1	0	0	0	2	1	1	0	0	0	0	1
30	Mrs.Selvi	0	1	1	0	1	2	2	1	1	0	1	2	3	1

S.No.	Name	HAM-D5	HAM-D6	HAM-D7	HAM-D8	HAM-D9	HAM-D10	HAM-D11	HAM-D12	HAM-D13	HAM-D14	HAM-D15	HAM-D15	HAM-D16	HAM-D17
31	Mrs.Dhivya	1	0	1	0	0	0	2	1	1	2	0	2	0	2
32	Mrs.Rajakumari	0	2	1	0	2	1	1	2	1	0	1	2	0	3
33	Mrs.Viji	1	0	0	1	0	0	0	1	0	0	0	1	0	0
34	Mrs.Rubi	0	2	1	0	2	1	1	2	1	0	1	2	0	3
35	Mrs.Daisy	0	2	1	0	2	1	1	2	1	0	1	2	0	3
36	Mrs.Margret	1	0	0	1	0	0	0	1	0	0	0	1	0	0
37	Mrs.Hasina	1	0	1	0	0	0	2	1	1	2	0	2	0	2
38	Mrs.Kavitha	0	2	1	0	2	1	1	2	1	0	1	2	0	3
39	Mrs.Malarkodi	1	0	0	1	0	0	0	1	0	0	0	1	0	0
40	Mrs.Manjula	1	0	1	0	0	0	2	1	1	2	0	2	0	2
41	Mrs.Selvanayaki	0	2	1	0	2	1	1	2	1	0	1	2	0	3
42	Mrs.Alagumeena	1	0	0	1	0	0	0	1	0	0	0	1	0	0
43	Mrs.Uma	1	0	1	0	0	0	2	1	1	2	0	2	0	2
44	Mrs.Jayanthi	0	2	1	0	2	1	1	2	1	0	1	2	0	3
45	Mrs.Jerinabegum	1	0	0	1	0	0	0	1	0	0	0	1	0	0
46	Mrs.Pavithra	1	0	1	0	0	0	2	1	1	2	0	2	0	2
47	Mrs.Tamilselvi	0	2	1	0	2	1	1	2	1	0	1	2	0	3
48	Mrs.Kanmani	1	0	0	1	0	0	0	1	0	0	0	1	0	0
49	Mrs.Elakkiya	0	1	1	0	1	2	2	1	1	0	1	2	3	1
50	Mrs.Jayalakshmi	0	2	1	0	2	1	1	2	1	0	1	2	0	3
51	Mrs.Kanaga	1	0	0	1	0	0	0	1	0	0	0	1	0	0
52	Mrs.Parimala	1	0	2	1	1	0	0	1	1	2	1	1	0	1
53	Mrs.Amaravathi	0	2	1	0	2	1	1	2	1	0	1	2	0	3
54	Mrs.Jayashree	1	0	0	1	0	0	0	1	0	0	0	1	0	0
55	Mrs.Punitha	0	0	0	0	0	0	0	0	0	0	1	2	0	1
56	Mrs.Sutha	0	2	1	0	2	1	1	2	1	0	1	2	0	3
57	Mrs.Banumathi	1	0	2	1	1	0	0	1	1	2	1	1	0	1
58	Mrs.Leela	1	0	1	0	0	0	2	1	1	2	0	2	0	2
59	Mrs.Yasthar	0	2	1	0	2	1	1	2	1	0	1	2	0	3
60	Mrs.Jesintha Mary	1	0	1	0	0	0	2	1	1	2	0	2	0	2

S.No.	Name	HAM-D18	HAM-D19	HAM-D20	HAM-D21	HAM-D Total Score	HAM-D	HAM-A
1	Mrs.Vijayashanthi	0	0	1	0	11	1	1
2	Mrs.Mahalakshmi	1	0	1	0	23	2	1
3	Mrs.Tamilarasi	1	1	2	1	24	2	1
4	Mrs.Kalaimagal	1	0	1	0	23	0	3
5	Mrs.Jayalakshmi	2	2	1	2	22	2	2
6	Mrs.Vasantha	2	1	1	1	28	3	1
7	Mrs.Amutha	1	1	2	1	24	2	1
8	Mrs.Radhika	0	0	1	0	6	2	1
9	Mrs.Pavithra	1	1	1	0	21	2	1
10	Mrs.Sahar Banu	2	2	1	2	22	2	1
11	Mrs.Kanimozhi	1	0	1	0	23	2	1
12	Mrs.Meena	2	1	0	0	14	1	1
13	Mrs.Vidhya	0	2	3	1	24	2	1
14	Mrs.Varsha	1	3	0	0	22	2	2
15	Mrs.Latha	2	1	2	1	24	2	1
16	Mrs.Sasikala	1	3	0	0	22	2	3
17	Mrs.Mala	1	0	1	0	23	2	1
18	Mrs.Nirmala	0	1	2	1	17	1	1
19	Mrs.Periyanayaki	1	1	1	0	21	2	1
20	Mrs.Jayanthi	1	0	1	0	23	2	1
21	Mrs.Sathya	2	1	2	1	24	2	1
22	Mrs.Shanthi	0	2	0	2	20	2	1
23	Mrs.Govindammal	1	1	1	1	27	3	3
24	Mrs.Jayaseela	0	1	1	1	19	2	1
25	Mrs.Parameshwari	1	1	1	0	21	2	1
26	Mrs.Nandhini	1	0	1	0	23	2	1
27	Mrs.Kavitha	0	1	0	1	7	0	1
28	Mrs.Sumathi	1	0	1	0	23	2	1
29	Mrs.Usharani	0	0	1	1	12	1	1
30	Mrs.Selvi	1	3	0	0	22	2	1

S.No.	Name	HAM-D18	HAM-D19	HAM-D20	HAM-D21	HAM-D Total Score	HAM-D	HAM-A
31	Mrs.Dhivya	0	2	0	2	20	2	1
32	Mrs.Rajakumari	1	0	1	0	23	2	1
33	Mrs.Viji	0	1	0	1	7	0	1
34	Mrs.Rubi	1	0	1	0	23	2	1
35	Mrs.Daisy	1	0	1	0	23	2	1
36	Mrs.Margret	0	1	0	1	7	0	1
37	Mrs.Hasina	0	2	0	2	20	2	1
38	Mrs.Kavitha	1	0	1	0	23	2	1
39	Mrs.Malarkodi	0	1	0	1	7	0	1
40	Mrs.Manjula	0	2	0	2	20	2	1
41	Mrs.Selvanayaki	1	0	1	0	23	2	1
42	Mrs.Alagumeena	0	1	0	1	7	2	1
43	Mrs.Uma	0	2	0	2	20	2	1
44	Mrs.Jayanthi	1	0	1	0	23	2	1
45	Mrs.Jerinabegum	0	1	0	1	7	1	1
46	Mrs.Pavithra	0	2	0	2	20	2	1
47	Mrs.Tamilselvi	1	0	1	0	23	2	1
48	Mrs.Kanmani	0	1	0	1	7	0	1
49	Mrs.Elakkiya	1	3	0	0	22	2	1
50	Mrs.Jayalakshmi	1	0	1	0	23	2	
51	Mrs.Kanaga	0	1	0	1	7	0	1
52	Mrs.Parimala	2	1	2	1	24	2	1
53	Mrs.Amaravathi	1	0	1	0	23	2	1
54	Mrs.Jayashree	0	1	0	1	7	1	1
55	Mrs.Punitha	0	0	1	0	5	0	1
56	Mrs.Sutha	1	0	1	0	23	2	1
57	Mrs.Banumathi	2	1	2	1	24	2	1
58	Mrs.Leela	0	2	0	2	20	2	1
59	Mrs.Yasthar	1	0	1	0	23	2	1
60	Mrs.Jesintha Mary	0	2	0	2	20	1	1